

***Virginia Breast & Cervical Cancer
Early Detection Program
Orientation Manual
(Version 06/03)***

Division of Women's and Infants' Health
Office of Family Health Services
Virginia Department of Health

TABLE OF CONTENTS

| | |
|---|-----------|
| CONTACT INFORMATION..... | 1 |
| Contact Information..... | 2 |
| Administrative Provider Site Information | 3 |
| Screening Provider Information | 4 |
| CASE MANAGEMENT | 5 |
| BCCEDP Case Management Job Description..... | 6 |
| BCCEDP Annual Provider Site Report..... | 9 |
| Matching Funds Form | 20 |
| Reported Screenings by Month | 21 |
| Turn-Around Times/Patient Notification of Results | 22 |
| ELIGIBILITY | 23 |
| Eligibility for Enrollment | 24 |
| 2003 Federal Poverty Guidelines | 25 |
| BREAST CANCER SCREENING & FOLLOW-UP | 26 |
| Model Clinical Categories for CBE..... | 27 |
| ACR Reporting Categories..... | 28 |
| Breast Cancer – TNM Cancer Staging | 29 |
| Timeliness & Adequacy of Breast Cancer Screening and Follow-up..... | 30 |
| CERVICAL CANCER SCREENING & FOLLOW-UP | 31 |
| BCCEDP Cervical Screening Policy | 32 |
| ASCCP Guidelines | 35 |
| HPV Testing | 36 |
| DATA..... | 37 |
| RECOMMENDED FORMS..... | 43 |
| QUALITY ASSURANCE..... | 51 |
| BCCEDP Audit Guidelines | 52 |
| Audit Report | 55 |
| Documentation of Patient Education..... | 59 |
| Performance Indicators..... | 60 |
| MEDICAID..... | 62 |
| BCCEDP Policy Related to Medicaid Treatment Reimbursement | 63 |
| Sample Letter to Physician Re: Medicaid | 65 |
| FREQUENTLY ASKED QUESTIONS..... | 66 |
| BILLING..... | 70 |
| Billing Policy..... | 71 |
| Getting Paid | 73 |
| Sample Invoice | 74 |
| BCCEDP Approved Medicare Procedure Codes | 76 |
| SAMPLE LETTERS..... | 80 |
| APPENDICES | 85 |
| Appendix A: Algorithms from the Consensus Guidelines for the Management of Women With Cervical Cytological Abnormalities | 86 |
| Appendix B: BCCPTA Medicaid Application/Redetermination Form..... | 96 |
| Appendix C: Medicaid BCCPTA Policy (M0320.312)..... | 99 |
| Appendix D: Public Education & Outreach Work Plan..... | 103 |

Contact Information

CONTACT INFORMATION

Mailing Address: (use for FEDEX mailing address as well) (**NEW!**)

Virginia Breast & Cervical Cancer Early Detection Program (BCCEDP)

Virginia Department of Health

109 Governor Street, Eighth Floor (P.O. Box 2448)

Richmond, VA 23219

- **Contact numbers: (NEW!)**

Phone: (804) 864-7761

FAX: (804) 864-7763

- **BCCEDP Office Directory:**

| Name | Title | Office Phone | Office Fax | E-Mail Address |
|-------------------|---|----------------|----------------|--|
| Kathy Heise | Program Director | (804) 864-7756 | (804) 864-7763 | Kathy.Heise@vdh.virginia.gov |
| Fran Darlington | Quality Improvement Nurse Manager | (804) 864-7758 | (804) 864-7763 | Fran.Darlington@vdh.virginia.gov |
| Gail Jennings | Data, Surveillance and Evaluation Manager | (804) 864-7757 | (804) 864-7763 | Gail.Jennings@vdh.virginia.gov |
| Nancy Malone | Quality Improvement Nurse | (804) 864-7760 | (804) 864-7763 | Nancy.Malone@vdh.virginia.gov |
| Beth Ehrensberger | Public Education Manager | (804) 864-7759 | (804) 864-7763 | Beth.Ehrensberger@vdh.virginia.gov |
| Amare Jampani | Data Quality Control | (804) 864-7762 | (804) 864-7763 | Amare.Jampani@vdh.virginia.gov |
| VACANT | Program Support | (804) 864-7761 | (804) 864-7763 | |

Our Web page address is www.vahealth.org/breastcancer

ADMINISTRATIVE PROVIDER SITE INFORMATION

Complete and return to BCCEDP- FAX: (804) 864-7763 or E-mail: Gail.Jennings@vdh.virginia.gov

Administrative Provider Site _____

Address:

Agency/Organization

Street Address

Bldg./Room/Suite

City/Town

State

Zip Code

Agency Web Site Address: _____

| Key Contacts: | Name | Telephone | FAX | Email |
|------------------------------------|------|-----------|-----|-------|
| Director/Administrator | | | | |
| Case Manager/Coordinator | | | | |
| Fiscal Manager/Billing Coordinator | | | | |
| Community Lay Outreach Worker | | | | |
| Other: | | | | |
| Other: | | | | |

Web Site Information: Provide information as you want it listed on the BCCEDP website
(www.vahealth.org/breastcancer/databcc.htm -- see Map of Providers by County):

Contact: _____ Telephone Number(s): _____

Comments (optional): _____

Counties/Cities Served: _____

SCREENING PROVIDER INFORMATION

Administrative Provider Site _____

Please list your screening providers (subcontractors) and note if they provide screening, diagnostic services and/or treatment services for breast and cervical cancer. **Please copy--use a separate form for each provider.**

Screening Provider: _____

FIN/TIN (9-digit #): _____

Mailing Address: _____

Telephone: _____

Organization Type: (check one)

- ☐ Local Health Department ☐ Private Hospital ☐ Medical/Professional School (university based)
☐ Community Health Center/Free Clinic ☐ Other: _____

Service Type: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Breast screening (i.e., mammogram) | <input type="checkbox"/> Cervical screening (i.e., pelvic exam, Pap Smear) |
| <input type="checkbox"/> Breast diagnostic service | <input type="checkbox"/> Cervical diagnostic service |
| <input type="checkbox"/> Breast treatment service | <input type="checkbox"/> Cervical treatment service |

Case Management

BCCEDP CASE MANAGEMENT JOB DESCRIPTION

According to the CDC, case management is a systematic process of identification and outreach, assessment, planning, service coordination, monitoring, evaluation and advocacy through an approach which is responsive to the specific multiple and changing needs of individual clients and families. It ensures that women enrolled in the BCCEDP receive timely and appropriate re-screening, diagnostic and treatment services.

Assessment (10%)

- Demonstrates the ability to interview clients to ensure completeness and accuracy of data and to determine or redetermine eligibility for the BCCEDP.
- Obtains written consent from the client prior to delivery of services at the initial screening and again prior to re-screening, on an annual basis. Ensures that consent forms for screening and treatment services are explained and the client is given the opportunity to ask questions before signing.

Planning (35%)

- Arranges client transportation to clinical services as needed.
- Arranges for the services of an interpreter when needed.
- Maintains contacts with community agencies to coordinate the delivery of services.
- Refers patients to appropriate community resources for services not covered by the BCCEDP. Ensures that all women diagnosed with breast and/or cervical cancer receive financial screening for other indigent programs in the community as needed. Services should demonstrate the case manager's resourcefulness in obtaining volunteer or in-kind services for the client or in obtaining necessary entitlements. Also ensures that the appropriate referrals for treatment are carried out. Refers eligible women diagnosed with breast or cervical cancer under the *Breast and Cervical Cancer Prevention and Treatment Act* to Medicaid.
- Maintains a tracking system for all women enrolled in the BCCEDP to ensure appropriate follow-up and rescreening services.
- Ensures that all women enrolled in the BCCEDP receive timely and appropriate screening, re-screening, diagnostic work-up and treatment services outlined in the BCCEDP Medical Protocol Manual.
- Establishes outreach efforts to identify BCCEDP eligible clients or identifies responsible staff to carry out these efforts. If recruitment and/or enrollment activities

are carried out by other staff, there should be coordination with that staff member to ensure that all women who inquire about the BCCED Program are contacted, interviewed for eligibility, and scheduled for services, if they qualify for the Program.

- Ensures that clients receive services in accordance with the Civil Rights Act, the American with Disabilities Act and other relevant federal, state and local laws.
- Ensures that a system is in place for accommodating walk-in clients.
- Responsible for ensuring that a clinical breast exam is performed by a qualified health professional on all clients receiving breast and/or cervical cancer screening services.
- Ensures that agreements with subcontractors are in writing, contain authorized signatures, stipulated prices, and include BCCEDP applicable quality assurance and contractual requirements.

Implementation (45%)

- Demonstrates skill in the use of computer software such as word processing and database applications. Ability to collect and organize data sufficient to maintain accurate and complete records, and to prepare reports in accordance with state and federal guidelines. Submits BCCEDP data forms to the VDH data manager within sixty (60) days of the initial screening.
- Initiates and maintains a medical record containing documentation of consent, emergency contact, screening performed, test referrals and their results, and follow-up of medical problems throughout diagnosis and treatment. Ensures that documentation is organized so that the status of the client's medical care and any follow-up efforts by staff can be determined at any point in time.
- Obtains mammogram and Pap smear reports within time frames designated by the VABCCEDP.
- Notifies patients of normal Pap smear screening results within time frames designated by the VABCCEDP.
- Notifies patients of abnormal Pap smear and abnormal mammogram results within five working days of the receipt of those results by the provider site.
- Obtains approval from the Virginia State BCCEDP office for breast ultrasound studies.
- Obtains diagnostic work-up, diagnosis and/or treatment information on all women whose initial screening was paid for the BCCEDP whether their subsequent diagnostic work-up and/or treatment was through a BCCEDP provider or through an

outside provider. Obtains Pap smear, CBE, and mammography screening results performed recently elsewhere from outside providers who have referred women to the BCCEDP for services.

- Ensures that no more than sixty-(60) days elapse between patient screening and final diagnosis.
- Ensures that no more than sixty-(60) days elapse between final diagnosis and initiation of treatment.
- Maintains privacy and confidentiality in all services provided to BCCEDP clients.
- Ensures that patients receive breast and cervical cancer education that is documented, culturally sensitive, and presented at a literacy level appropriate for the client.
- Ensures that clients receiving screening, re-screening, and case management services through the BCCEDP shall receive continuity of care. Responsible for the transfer of records to appropriate providers after obtaining written consent from the client.
- Provides and participates in professional education activities.
- Completes necessary reporting requirements for all program areas.
- Responsible for following up with clients who have missed appointments and documenting the contacts in the medical record.
- Maintains current documentation of compliance with the MQSA and CLIA certification.
- Ensures that the Virginia BCCEDP is billed on a monthly basis at the agreed upon unit cost for reimbursable services performed. The billing process is monitored to assure that the correct units are billed, the appropriate codes are used, and there is no duplicate billing (either on the part of the subcontractors or by the provider agency).

Evaluation (10%)

- Participates in program review to meet quality assurance requirements, including scheduled site visits by VDH staff.
- Performs or ensures the performance of self-quality assurance audits.
- Conducts periodic self-review of medical records to assure that all medical and eligibility services are documented.

BCCEDP ANNUAL PROVIDER SITE REPORT

Due: TBA

Submit to the VABCCEDP Data Manager

Provider Information

Reporting Period for Provider Site Report:

- **New Provider Sites: TBA**
- **FY 2003 Provider Sites: TBA**

| | |
|-----------------|--|
| Date Completed: | |
|-----------------|--|

| | |
|----------------|--|
| Provider Site: | |
|----------------|--|

| | |
|--------------------------------|--|
| Report Completed/Submitted By: | |
| Name: | |
| Title: | |

| | | | | | |
|----------|--|-------|--|-----|--|
| Address: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| City: | | State | | Zip | |

| | |
|--------|--|
| Phone: | |
|--------|--|

| | |
|------|--|
| Fax: | |
|------|--|

Submission Date: TBA

Submit by 5 pm on the above date by E-mail (Gail.Jennings@vdh.virginia.gov), Fax (804-864-7757), or U.S. Mail:

Virginia BCCEDP, Virginia Department of Health
ATTN: Gail Jennings, Data., Surveillance and Evaluation Manager
109 Governor Street, Eighth Floor (P.O. Box 2448)
Richmond, Virginia 23219

Public Education & Outreach (incl. Coalitions & Partnerships)

1. Please indicate how many people and the total FTE (i.e., full-time equivalency position) dedicated to public education and outreach in each of the listed local settings. Also, indicate if any of these positions are supported by state BCCEDP funds. Please use the space below for comments.

| Local Setting | Number of People | Total Aggregate FTE |
|--|------------------|---------------------|
| YWCA | | |
| Local health department | | |
| Tribal clinic | | |
| ACS | | |
| Community groups | | |
| Housing project | | |
| Cooperative extension | | |
| Provider Site | | |
| Community Health Center | | |
| Hospital | | |
| University | | |
| Mobile Screening Site | | |
| Business (e.g., beauty salon, factory) | | |
| Total | | |

Definitions:

Total FTE dedicated – the number of full-time equivalents (FTEs) that are providing public education and outreach activities at the local settings (**Example:** if 10 local public health departments employ 3 outreach workers per site, and each outreach worker spends 15% of their time on recruiting women to be screened at the BCCEDP sites, the table would indicate 30 for the total number of people per sites (10 x 3) and 4.5 FTEs (30 x 0.15).

| GENERAL COMMENTS: |
|-------------------|
| |

2. Select and rank up to **five (5)** primary strategies you used to promote screening and re-screening at the local level (see list of strategies and codes below). Leave blank if not appropriate.

| Priority Population | Strategy (rank ordered) | | | | |
|--|-------------------------|----|----|----|----|
| All eligible women | 1. | 2. | 3. | 4. | 5. |
| African American women | 1. | 2. | 3. | 4. | 5. |
| Alaska Native women | 1. | 2. | 3. | 4. | 5. |
| Asian/Pacific Islander women | 1. | 2. | 3. | 4. | 5. |
| Women w/ disabilities | 1. | 2. | 3. | 4. | 5. |
| Women who speak English as a second language | 1. | 2. | 3. | 4. | 5. |
| Hispanic women | 1. | 2. | 3. | 4. | 5. |
| Lesbians | 1. | 2. | 3. | 4. | 5. |
| Native American/American Indian women | 1. | 2. | 3. | 4. | 5. |
| Older women (age 50+) | 1. | 2. | 3. | 4. | 5. |
| Rural women | 1. | 2. | 3. | 4. | 5. |

Definitions:

Primary strategies for initial screening – the strategies that represent over 75% of the total efforts to recruit women for screening or re-screening (**Example:** a local program that relies on direct mail, home visits and hotlines to recruit women to enroll in the program).

| |
|--------------------------|
| GENERAL COMMENTS: |
| |

Strategies (use code numbers):

- | | |
|--|--|
| 01 - Radio messages | 12 - Newsletters to public |
| 02 - Newspaper messages | 13 - Hotlines for referral |
| 03 - Television messages – PSAs | 14 - Direct mail |
| 04 - TV paid advertising | 15 - Culturally specific brochures |
| 05 - Billboards | 16 - Resource guides |
| 06 - Bus or commuter placards | 17 - Work site presentations (awareness) |
| 07 - Taxi placards | 18 - Church-based presentations (awareness) |
| 08 - Posters | 19 - Community-based presentation (awareness) |
| 09 - Special promotional events | 20 - Direct recruitment |
| 10 - Celebrity support | 21 - Provider referral |
| 11 - Flyers – population based | 22 - Customer referral |

3. Do you facilitate a regular meeting of a local coalition meeting to assist in public outreach and education on breast and cervical cancer screening? _____ NO _____ YES*

* If YES, how often does the coalition meet? (check one)

____ Once a year ____ twice a year ____ 3-4 times a year ____ 5-11 times a year ____ 12+ times a year

4. How many members are on the local public education coalition? _____

5. List whether or members of the following groups are members of your local public education coalition:

- | | |
|---|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Health professionals (incl. program providers) |
| <input type="checkbox"/> Native American/American Indian | <input type="checkbox"/> Legislators (state/local elected official) |
| <input type="checkbox"/> Asian and Pacific Islander American | <input type="checkbox"/> Local government |
| <input type="checkbox"/> Hispanic/Latina | <input type="checkbox"/> Local health department |
| <input type="checkbox"/> Foreign born women | <input type="checkbox"/> Professional organization |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Other government agency (e.g., Office of Mental Health) |
| <input type="checkbox"/> People with disabilities | <input type="checkbox"/> Health Department staff (e.g., cancer registry, lab/QA expert) |
| <input type="checkbox"/> Rural women | <input type="checkbox"/> Voluntary organization |
| <input type="checkbox"/> Consumers (e.g., current or former BCCEDP clients) | <input type="checkbox"/> Cancer center |
| <input type="checkbox"/> Survivors | <input type="checkbox"/> University |
| <input type="checkbox"/> Women over 50 | <input type="checkbox"/> Outreach program |
| <input type="checkbox"/> American Cancer Society | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Cancer Information Services (CIS) | <input type="checkbox"/> Social worker |
| <input type="checkbox"/> Medicaid representative | <input type="checkbox"/> Counselor |
| <input type="checkbox"/> Media | <input type="checkbox"/> Researcher |
| <input type="checkbox"/> Advocacy group | |
| <input type="checkbox"/> Churches/religious organization | |

Professional Education

1. Indicate the training that staff have received during this reporting period, the type of staff that received training, the number of program and non-program staff members who participated, the source of the training, and whether or not evaluation was done by the training group. You may list more than one type of staff for each training topic. Refer to codes for Staff on page 7.

| Training Topic | Number of trainings | <u>STAFF</u> (list up to three) | # Program Providers | # Non-Program Providers | <u>Source</u> (BCCEDP or Other) | <u>Evaluation</u> (Yes or No) |
|--|----------------------------|--|----------------------------|--------------------------------|--|--|
| Administrative procedures | | 1. 2. 3. | | | | |
| Epidemiology, trends | | 1. 2. 3. | | | | |
| National, State and Program guidelines | | 1. 2. 3. | | | | |
| Resources available | | 1. 2. 3. | | | | |
| Office support systems | | 1. 2. 3. | | | | |
| General breast cancer update | | 1. 2. 3. | | | | |
| Clinical breast examination techniques | | 1. 2. 3. | | | | |
| Self-breast examination instruction | | 1. 2. 3. | | | | |
| Providing mammograms | | 1. 2. 3. | | | | |
| Interpreting mammograms | | 1. 2. 3. | | | | |
| Radiology tech in-services for breast cancer | | 1. 2. 3. | | | | |
| General cervical cancer update | | 1. 2. 3. | | | | |
| Obtaining Pap smears | | 1. 2. 3. | | | | |
| Interpreting Pap smears | | 1. 2. 3. | | | | |

| Training Topic | Number of trainings | <u>STAFF</u> (list up to three) | # Program Providers | # Non-Program Providers | <u>Source</u> (BCCEDP or Other) | <u>Evaluation</u> (Yes or No) |
|---|----------------------------|--|----------------------------|--------------------------------|--|--|
| Performing bimanual pelvic examinations | | 1. 2. 3. | | | | |
| Colposcopy | | 1. 2. 3. | | | | |
| Cytotechnology inservices for cervical cancer | | 1. 2. 3. | | | | |
| Treatment options | | 1. 2. 3. | | | | |
| Referral options | | 1. 2. 3. | | | | |
| Counseling patients regarding behavioral risks | | 1. 2. 3. | | | | |
| Counseling patients regarding abnormal results | | 1. 2. 3. | | | | |
| Targeting priority populations | | 1. 2. 3. | | | | |
| Enhancing communi-cation with older and targeted women | | 1. 2. 3. | | | | |
| Sensitivity training involving different cultures and practices | | 1. 2. 3. | | | | |
| Support groups and resources in community | | 1. 2. 3. | | | | |

Definitions:

Training – an independent learning event (lecture, demonstration, interactive video, journal, newsletter, conferences, workshops, seminars, symposia, etc.) that helps health care personnel to maintain or learn skills, knowledge and attitudes relevant to the provision of health care.

Program and non-program participants – program participants are those that have a contractual or informal agreement with the program. Non-program participants are health care providers that are practicing and have no contractual or data relationship to the program but wished to attend the training.

Staff:

- | | | |
|--|-----------------------------------|---------------------------------------|
| 1 - Physicians | 9 - Radiology Technologists | 18 - Clinical/Technical Support Staff |
| 2 - Physician Assistants | 10 - Medical Physicists | 19 - Program Administrators |
| 3 - Nurses (registered, licensed, public health or vocational) | 11 - Health Educators | 20 - Medical/Tumor Registry Personnel |
| 4 - Nurse Practitioners | 12 - Outreach Workers | 21 - Students |
| 5 - Medical Assistants | 13 - Social or Case Workers | 22 - Data Managers |
| 6 - Cytotechnologists | 14 - Case Managers | 23 - Research Statistician |
| 7 - Pathologists | 15 - Office Managers | |
| 8 - Radiologists | 16 - General Office Support Staff | |
| | 17 - Clerical Support Staff | |

2. How many staff members have been sent to a BCCEDP orientation training in the current reporting period? _____

GENERAL COMMENTS:

Clinical Services

A. Service Delivery

1. Indicate the number of sites providing clinical screening and diagnostic services for program-eligible women paid for by program funds (including match) for this reporting period. Include subcontracting sites or facilities; do not include individual practitioners (e.g., Dr. Smith) who belong to a facility or practice.

| | Number of Sites |
|---|-----------------|
| Total Unduplicated Sites (any service) | |
| Mammography (with or without CBE) screening | |
| Cervical screening only | |
| Cervical screening with CBE | |
| Breast Diagnostic Services | |
| Cervical Diagnostic Services | |

2. Enter the customary charge for each of the approved procedures below.

| Screening/Diagnostic Procedures | Medicare CPT Code | Customary Charge |
|--|-------------------|------------------|
| Mammogram (screening) | 76092 | \$ |
| Pap smear | 88141 | \$ |
| Office visit – new patient, 30 minutes | 99203 | \$ |
| Colposcopy with biopsy | 57455 | \$ |
| Colposcopy without biopsy | 57452 | \$ |
| Diagnostic mammogram (bilateral) | 76091 | \$ |
| Breast Ultrasound | 76645 | \$ |
| Cytopathology (evaluation of fine needle aspirate) | 88172 | \$ |
| Biopsy – incisional | 19101 | \$ |
| Biopsy - excisional | 19120 | \$ |
| Consultation visit – 30 minutes | 99242 | \$ |
| Pathology - breast | 88307 | \$ |
| Pathology - cervical | 88305 | \$ |

Definitions:

Program funds – the funds received from the CDC through the Virginia BCCEDP and matching resources obtained by the applicant (**Example:** total funds indicated on the Notice of Grant Award).

Cervical screening – pelvic exam, Pap smear.

Breast diagnostic – diagnostic mammogram or additional mammographic views, ultrasound, fine needle aspiration, stereotactic or needle core biopsy, etc.

Cervical diagnostic – colposcopy, cervical biopsy, LEEP, etc.

Medicare CPT Code – BCCEDP approved Medicare Procedure Codes based on the year 2003 Medicare Rate Schedule.

Customary charge – the usual and customary Provider Site charge.

3. How many counties and/or independent cities does your Provider Site cover? _____ List counties/cities below.

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |

4. How many women diagnosed with cancer have been referred to Medicaid under the BCCPTA?

Breast _____ Cervical _____

B. Quality Assurance

- During this reporting period, how many mammography facilities (portable, stationary, and mobile mammography facilities) in your geographic area that are providing BCCEDP-funded services and are certified under the Mammography Quality Standards Act of 1992 (MQSA) administered by the Food and Drug Administration (FDA)? Indicate how many radiological facilities screening with program funds are reporting results of mammographic examinations using the American College of Radiology Breast Imaging Reporting System (BIRADS).

| Group | MQSA Certification | | ACR Breast Imaging Reporting - # | Total # |
|------------------------|--------------------|-------------|----------------------------------|---------|
| | Certified | Provisional | | |
| Mobile mammography | | | | |
| Portable mammography | | | | |
| Stationary mammography | | | | |

- During this reporting period, how many laboratories providing cytology services for the program are in compliance with CLIA '88, and how many use the Bethesda system for reporting screening results?

| | Number Providing Services | CLIA '88 Compliance | Bethesda System Reporting |
|--------------|---------------------------|---------------------|---------------------------|
| In-state | | | |
| Out-of-state | | | |
| Total | | | |

MATCHING FUNDS FORM

Non-Federal matching funds in the amount of \$1 for every \$3 of Federal funds awarded is required. Please provide in the table below your matching funds (projected and actual) for FY 2003-2004 (June 30, 2003 – June 29, 2004) by the deadline date. Your matching funds should equal 33% of your total grant allocation. For example, if you receive \$100,000 to provide BCCEDP services, your in-kind match would be \$33,000.

Non-Federal Cash Resources and Amounts:

| Source | Projected Amount By July 31, 2003 | Actual Amount By June 29, 2004 |
|---|--------------------------------------|-----------------------------------|
| • Cash donations | \$ | \$ |
| • Community fund-raising | \$ | \$ |
| • Other grants or awards (<i>e.g., Komen, Avon</i>) | \$ | \$ |

Non-Federal Non-Cash Resources and Amounts:

| Source | Projected Amount By July 31, 2003 | Actual Amount By June 29, 2004 |
|---|--------------------------------------|-----------------------------------|
| • Donated vehicles and equipment (<i>e.g., vans for transportation, laboratory equipment, computers</i>) | \$ | \$ |
| • Donated clinical services (<i>e.g., professional salaries</i>) | \$ | \$ |
| • Donated non-clinical services (<i>e.g., clerical salaries</i>) | \$ | \$ |
| • Donated supplies (<i>e.g., educational materials, promotional materials</i>) | \$ | \$ |
| • Donated media time (<i>e.g., television, radio, print</i>) | \$ | \$ |
| • Donated professional time (<i>e.g., service on coalitions, advisory committees, advertising/marketing consultation</i>) | \$ | \$ |

REPORTED SCREENINGS BY MONTH

Provider Site: _____

- (1) Fill in the following rows for each month.
- (2) Report separately the number of new screenings and rescreens.
- (3) The total and cumulative total will be calculated for you.
- (4) Provide a date when you submit this form to VDH
- (5) Submit by the Day 5 of the following month.
- (6) FAX (804-864-7763) or email (Gail.Jennings@vdh.virginia.gov) your report to the Data Manager.

| | Jul-03 | Aug-03 | Sep-03 | Oct-03 | Nov-03 | Dec-03 | Jan-04 | Feb-04 | Mar-04 | Apr-04 | May-04 | Jun-04 | Total |
|------------------|----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|
| # New Screens | | | | | | | | | | | | | 0 |
| # Rescreens | | | | | | | | | | | | | 0 |
| Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Cumulative Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Data Submitted | 08/01/03 | | | | | | | | | | | | |

Note: Formulas are entered in the Total and Cumulative Total cells to add New Screens and Rescreens in each column. Complete only the New Screens and Rescreens cells.

TURN-AROUND TIMES/PATIENT NOTIFICATION OF RESULTS

Case managers shall receive Pap smear and mammogram results within **16 business days** of the date of service.

Case managers shall notify the patient of her **abnormal** Pap smear and **abnormal** mammogram results within **five business days** of the receipt of those results by the provider site

Case managers shall notify the patient of her **normal** Pap smear result within **10 business days** of the receipt of those results by the provider site.

Informing patients of normal mammogram results will be performed by the mammography center.

Eligibility

ELIGIBILITY FOR ENROLLMENT

- ☒ Female
- ☒ Of the women enrolled, 80% must be age 50-64; 20% may be age 40-49
- ☒ Income is 200% of Poverty Level or Less
- ☒ Resident of the United States
- ☒ Primary Residence in Virginia
- ☒ Underinsured or Uninsured

(Note: women who have never or rarely been screened for cervical cancer and minority women are considered a priority target population)

2003 FEDERAL POVERTY GUIDELINES

(effective 06/30/2003 thru 06/29/2004)

| Number in Family | 200% FPL | | |
|--|---------------------|-----------------------|-----------------------------|
| | Gross Yearly Salary | Gross Monthly Income* | Approximate Hourly Income** |
| 1 | \$17,960 | \$1,497 | \$8.64 |
| 2 | \$24,240 | \$2,020 | \$11.66 |
| 3 | \$30,520 | \$2,544 | \$14.68 |
| 4 | \$36,800 | \$3,067 | \$17.70 |
| 5 | \$43,080 | \$3,590 | \$20.72 |
| 6 | \$49,360 | \$4,144 | \$23.74 |
| 7 | \$55,640 | \$4,637 | \$26.75 |
| 8 | \$61,920 | \$5,160 | \$29.77 |
| If more than eight, add \$6,280 (yearly) for each child | \$6,280 | +\$523 | +\$3.02 |

SOURCE: Federal Register, Vol. 68, No. 26, February 7, 2003, pp. 6456-6458.

*Divided by 12 months and rounded to the nearest dollar.

**Assumes a full-time job for a full year (2080 hours).

Breast Cancer Screening & Follow-up

MODEL CLINICAL CATEGORIES FOR CBE

1. Normal Exam
2. Benign Finding (such as fibrocystic changes, diffuse lumpiness or nodularity)
3. Discrete palpable mass (includes masses that may be cystic or solid)
4. Bloody or serous nipple discharge
5. Nipple or areola scaliness
6. Skin dimpling or retraction
7. Previous normal CBE in past 12 months-CBE not done today
8. CBE not done today-other or unknown reason
9. CBE refused

| Clinical Categories | MDE Categories |
|---------------------|--|
| 1,2 | 1=normal/benign findings—schedule for a routine CBE in one year |
| 3,4,5,6 | 2=abnormality suspicious for cancer—diagnostic evaluation needed |
| 7 | 3=not needed |
| 8,9 | 4=needed but not performed at this visit (includes refused) |

ACR REPORTING CATEGORIES DEFINITIONS, AND MAMMOGRAPHY FOLLOW-UP

Recommended follow-up by the BCCEDP Medical Advisory Task Group is indicated in italics

| CATEGORY | DESCRIPTION | DEFINITION/RECOMMENDED FOLLOW-UP |
|----------|---------------------------------|---|
| 1 | Negative | There is no reason for comment. The breasts are symmetrical and no masses, architectural disturbances or suspicious calcifications are present. <i>Recommend routine annual mammogram for women over 40</i> |
| 2 | Benign Finding-Negative | This is also a negative mammogram, but the interpreter may wish to describe a benign finding. Involuting calcified fibroadenomas, multiple secretory calcifications, fat containing lesions such as oil cysts, lipomas, galactoceles, and mixed density hamartomas all have characteristic appearances, and may be labeled with confidence. The interpreter might wish to describe intramammary lymph nodes, implants, etc. while still concluding that there is no mammographic evidence of malignancy. <i>Recommend routine annual mammogram for women over 40.</i> |
| 3 | Probably Benign | A finding placed in this category should have a very high probability of being benign. It is not expected to change over the follow-up interval, but the radiologist would prefer to establish its stability. <i>Short-term follow-up-repeat mammogram in <u>three to six</u> months and/or surgical evaluation if recommended by the physician.</i> |
| 4 | Suspicious Abnormality | These are lesions that do not have the characteristic morphologies of breast cancer but have a definite probability of being malignant. The radiologist has sufficient concern to urge a biopsy. If possible, the relevant probabilities should be cited so that the patient and her physician can make the decision on the ultimate course of action. <i>Diagnostic mammogram and/or additional work-up within <u>one</u> month</i> |
| 5 | Highly Suggestive of Malignancy | These lesions have a high probability of being cancer. Appropriate action should be taken. <i>Diagnostic mammogram and/or additional work-up within <u>one</u> month.</i> |
| 0 | Assessment Incomplete | This almost always used in a screening situation and should rarely be used after a full imaging work-up. A recommendation for additional evaluation should be made including the use of spot compression, magnification, special mammographic views, ultrasound, aspiration, etc. <i>Diagnostic mammogram and/or additional work-up within <u>one</u> month.</i> |
| | Unsatisfactory | <i>Repeat screening mammogram immediately.</i> |
| | Not Indicated | <i>Screening mammogram within <u>one to two</u> years of last screening based on ACS guidelines.</i> |
| | Indicated, Not Performed | <i>Patient refused or failed to keep appointment-try to reschedule as soon as possible.</i> |

Categories, descriptions and definitions from BI-RADS, Second Edition, September 1995

AN OVERALL (SUMMARY) IMPRESSION:

All final impressions should be complete with each lesion fully categorized and qualified. An indeterminate reading should only be given in the mammography screening setting where additional evaluation is recommended before a final opinion can be rendered. In the screening situation a suggestion for the next course of action should be given if the study is not conclusive (magnification, ultrasound, etc.)

Interpretation is facilitated by recognizing that most mammograms can be categorized under few headings. If a suspicious abnormality is detected, the report should indicate that biopsy should be considered. This is an assessment where the radiologist has sufficient concern that a biopsy is warranted unless there are other reasons why the patient and her physician might wish to defer the biopsy. Whenever possible, the present mammogram should be compared to previous studies. The radiologist should use judgment in how vigorously to pursue previous studies.

BREAST CANCER – TNM CANCER STAGING

| | | | |
|------------|----------|-------|----|
| STAGE 0 | Ti.s. | NO | MO |
| STAGE I | T1 | NO | MO |
| STAGE IIA | TO, T1 | N1 | MO |
| | T2 | NO | MO |
| STAGE IIB | T2 | N1 | MO |
| | T3 | NO | MO |
| STAGE IIIA | T0,T1,T2 | N2 | MO |
| | T3 | N1,N2 | MO |
| STAGE IIIB | Any T | N3 | MO |
| | T4 | Any N | MO |
| STAGE IV | Any T | Any N | M1 |

BREAST CANCER - PRIMARY TUMOR (T)

| | |
|-------|---|
| TX | Primary tumor cannot be assessed |
| TO | No evidence of primary tumor |
| Ti.s. | Carcinoma <i>in situ</i> : intraductal carcinoma, lobular carcinoma in situ, or Paget's disease with no tumor. |
| T1 | Tumor 2 cm or less in greatest dimension |
| T1A | Tumor 0.5 cm or less in greatest dimension |
| T1B | Tumor more than 0.5 cm but not more than 1 cm in greatest dimension |
| T1C | Tumor more than 1 cm but not more than 2 cm in greatest dimension |
| T2 | Tumor more than 2 cm but not more than 5 cm in greatest dimension |
| T3 | Tumor more than 5cm in greatest dimension |
| T4 | Tumor of an size with direct extension to chest wall or to skin |
| T4a | Extension to chest wall |
| T4b | Edema (including peau d'orange) or ulceration of the skin of the breast or satellite skin nodules confined to the same breast |
| T4c | Both T4a and T4b |
| T4d | Inflammatory carcinoma |

BREAST CANCER - REGIONAL LYMPH NODES (N)

| | |
|----|--|
| NX | Regional lymph nodes cannot be assessed (e.g., previously removed) |
| N0 | No regional lymph node metastases |
| N1 | Metastasis to movable ipsilateral axillary lymph node(s) |
| N2 | Metastases to ipsilateral axillary nodes fixed to one another or to other structures |
| N3 | Metastases to ipsilateral internal mammary lymph node(s) |

BREAST CANCER - DISTANT METASTASIS (M)

| | |
|----|---|
| MX | Presence of distant metastasis cannot be assessed |
| MO | No evidence of distant metastasis |
| M1 | Distant metastases (including metastases to ipsilateral supraclavicular lymph nodes |

TIMELINESS & ADEQUACY OF BREAST CANCER SCREENING AND FOLLOW-UP

| No | CBE | Mammogram * # | Diagnostic Procedures |
|----|--------------------|--|---|
| 1 | Normal | a) Negative b) Benign c) Probably Benign | No work-up required ++ |
| 2 | Abnormal | a) Negative b) Benign c) Probably Benign d) Assessment Incomplete | One or more of the following procedures must be performed: a) Repeat breast exam by a surgeon. b) Ultrasound c) Biopsy/Lumpectomy d) Fine Needle/Cyst Aspiration |
| 3 | Abnormal | a) Suspicious Abnormality b) Highly Suggestive of Malignancy | One or more of the following procedures must be performed: a) Biopsy/lumpectomy b) Fine Needle/Cyst Aspiration |
| 4 | Normal | Suspicious Abnormality | One or more of the following procedures must be performed: a) Repeat breast exam by a surgeon b) Ultrasound c) Biopsy/Lumpectomy d) Fine Needle/Cyst Aspiration |
| 5 | Normal or Abnormal | Highly Suggestive Of Malignancy | One or more of the following procedures must be performed: a) Biopsy/Lumpectomy b) Fine Needle/Cyst Aspiration |
| 6 | Normal | Assessment Incomplete | One or more of the following procedures must be performed: a) Additional mammographic views b) Ultrasound |

Cervical Cancer Screening & Follow-up

BCCEDP CERVICAL SCREENING POLICY

Effective 10/1/2001

The VABCCEDP will provide funding for annual Pap tests for program eligible women until they have had **three MDE documented, consecutive, negative or benign Pap tests within a five-year period (60 months)**. Thereafter, the screening interval for these women will be once every **three** years.

Funds may also be used to reimburse for screening services on an **annual** basis if a woman receives an **abnormal** screening result after three, consecutive, annual Pap tests with normal/benign findings. Annual screening would resume until three, consecutive, annual Pap tests with normal/benign findings within five years are received. If three normal/benign results within a five-year period have been or are currently documented in the program's MDEs, VABCCEDP-funds may only be used to reimburse for Pap tests once every three years.

NOTE: Annual Pap test is defined as a Pap test performed within 12-18 months of the previous Pap test. **This policy does not eliminate the need for annual pelvic examinations, CBE's and mammograms.**

Sample Scenario #1

A woman receives her first Pap smear with the VABCCEDP on October 1, 1994. The Pap smear provides a result of "Negative". The clinician recommends that the patient return for another Pap smear in a year.

The woman returns on November 10, 1995 for a second Pap smear in the VABCCEDP. The Pap smear provides a result of "Infection". The clinician recommends that the patient return for another Pap smear in a year.

The woman returns on December 1, 1996 for a third Pap smear in the VABCCEDP. The Pap smear provides a result of "Negative". The clinician explains to the woman that she has now received three consecutive annual "Negative" Pap smears and the good news is that she does not need another Pap smear for three years.

The woman returns on November 1, 1999 for a fourth Pap smear in the VABCCEDP. The Pap smear results in a "Negative" finding. The clinician recommends that the woman return for another Pap smear in three years.

Graphical Display of Scenario #1

| Pap 1 | Pap 2 | Pap 3 | Pap 4 | Pap 5 |
|-----------------|------------------|-----------------|-----------------|-----------------|
| Negative | Infection | Negative | Negative | Schedule |
| 10/01/94 | 11/10/95 | 12/1/96 | 11/1/99 | 11/02 |

Sample Scenario #2

A woman receives her first Pap smear with the VABCCEDP on August 15, 1995. The Pap smear provides a result of “Negative”. The clinician recommends that the patient return for another Pap smear in a year.

The woman returns on December 10, 1996 for a second Pap smear in the VABCCEDP. The Pap smear provides a result of “Infection”. The clinician recommends that the patient return for another Pap smear in a year.

The woman returns on February 1, 1998 for a third Pap smear in the VABCCEDP. The Pap smear provides a result of “Low Grade SIL”. The clinician recommends a colposcopy w/biopsy to evaluate the lesion. The colposcopy w/biopsy returns as “Benign”. The clinician then recommends that the woman return for a Pap smear in 6 months.

The woman returns on August 15, 1998 for a fourth Pap smear in the VABCCEDP. The Pap smear returns with a result of “Negative”. The clinician recommends that the patient return for another Pap smear in a year.

The woman returns on August 1, 1999 for a fifth Pap smear in the VABCCEDP. The Pap smear returns with a result of “Negative”. The clinician recommends that the patient return for another Pap smear in a year.

The woman returns on September 1, 2000 for a sixth Pap smear in the VABCCEDP. The Pap smear returns with a result of “Negative”. The clinician explains to the woman that she has now received 3 consecutive annual “Negative” Pap smears and the good news is that she does not need another Pap smear for 3 years. The clinician recommends that the woman return in 3 years for another Pap smear.

Graphical Display of Scenario #2

| Pap 1 | Pap 2 | Pap 3/Biopsy | Pap 4 | Pap 5 | Pap 6 | Pap 7 |
|-----------------|------------------|---------------------|-----------------|-----------------|-----------------|-----------------|
| Negative | Infection | LSIL/Benign | Negative | Negative | Negative | Schedule |
| 8/15/95 | 12/10/96 | 2/1/98 | 8/15/98 | 8/1/99 | 9/1/00 | 9/03 |

Sample Scenario #3

A woman receives her first Pap smear with the VABCCEDP on August 15, 1996. The Pap smear provides a result of “Negative”. The clinician recommends that the patient return for another Pap smear in a year.

The woman is no longer eligible to receive screening through the VABCCEDP. However, she visits a non-VABCCEDP provider on December 10, 1997 for a second Pap smear. The Pap smear provides a result of “Infection”. The non-VABCCEDP provider recommends that she return for another Pap smear in a year.

The woman has lost her job and once again meets the eligibility requirements to receive services through the VABCCEDP. She returns on February 1, 1999 for a second Pap smear in the VABCCEDP. The Pap smear provides a result of “Negative”. If the clinician knows the Pap smear result from the previous year, then he informs the woman that she has had 3 consecutive annual “Negative” Pap smears and that she does not need another Pap smear for 3 years. On the other hand, if the clinician does not have the result from the non-VABCCEDP provider, then he may recommend a Pap smear in a year.

The Clinician Knows the Result of the Non-VABCCEDP Pap smear:

| Pap 1 | Pap 2 (non-VABCCEDP provider) | Pap 3 | Pap 4 |
|-----------------|--------------------------------------|-----------------|-----------------|
| Negative | Infection | Negative | Schedule |
| 8/15/96 | 12/10/97 | 2/1/99 | 3/15/02 |

The Clinician Does Not have the Result from the Non-VABCCEDP Provider

| Pap 1 | Pap 2 (non-VABCCEDP provider) | Pap 3 | Pap 4 | Pap 5 |
|-----------------|--------------------------------------|-----------------|-----------------|-----------------|
| Negative | Unknown | Negative | Negative | Schedule |
| 8/15/96 | 12/10/97 | 2/1/99 | 3/15/00 | 4/03 |

ASCCP GUIDELINES

ALGORITHMS FROM THE CONSENSUS GUIDELINES FOR THE MANAGEMENT OF WOMEN WITH CERVICAL CYTOLOGICAL ABNORMALITIES

The American Society for Colposcopy and Cervical Pathology (ASCCP) sponsored a national consensus conference in Bethesda, Maryland on September 6-8, 2001. The conference was attended by 29 national and international health organizations, professional societies, and federal agencies. These algorithms provide a summary of the recommendations for managing women with cytological abnormalities. A description of the evidence supporting the guidelines and the guidelines themselves have previously been published in JAMA (2002;287:2120-2129). **IT IS STRONGLY RECOMMENDED THAT THE HEALTHCARE PROVIDER REVIEWING AND UTILIZING THESE ALGORITHMS READ THE GUIDELINES.**¹

A copy of the algorithms can be found in Appendix A and can also be located at the following website: www.asccp.org

¹ Algorithms from the Consensus Guidelines for the Management of Women with Cervical Cytological Abnormalities

HPV TESTING

HPV testing is a reimbursable procedure if used in follow-up of an ASC-US result from the screening examination and it is the **preferred** method for follow-up of ASC-US. However, it is just one of three fully acceptable methods of management following a Pap test reported as ASC-US

The three acceptable methods of management are as follows:

1. Immediate colposcopy for all women with ASC-US
2. Repeat the Pap test twice at 4-6 month intervals; if either test is positive for ASC-US, perform a colposcopy.
3. HPV DNA testing for **high risk** types of HPV only. If the result is positive, perform a colposcopy. If the result is negative, perform a Pap smear in 12 months.

The only product currently approved by the FDA for HPV testing is the Hybrid Capture II (HCII) from Digene.

Data

ELIGIBILITY FORM

Last Name _____ First Name _____ Middle Initial _____

Social Security No. _____ - _____ - _____ Birth Date ____/____/____ Age _____

Address _____

City _____ County _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____ Best Time to Call _____

1. Are you Spanish, Hispanic, or Latina? ☐ Yes ☐ No ☐ Don't know

2. Do you describe yourself as: (check all that apply)

☐ White ☐ Black/African American ☐ Asian (or Indian) ☐ Native Hawaiian or Pacific Islander
☐ American Indian/Alaskan Native ☐ Don't know

3. What language do you speak every day? _____

4. What is your household income before taxes? \$ _____ ☐ Monthly ☐ Yearly

5. How many people live on this income? (include yourself) _____

6. Do you have: Medicare? ☐ Yes ☐ No Medicaid? ☐ Yes ☐ No Private Insurance? ☐ Yes ☐ No

➔ If you have insurance, did you pay all of your insurance deductible for this year? ☐ Yes ☐ No

7. Have you ever had a Pap test? ☐ Yes ☐ No

➔ If YES, when was your last Pap test? (month/year) _____

or ☐ More than 5 years ago ☐ Don't know

8. Have you ever had a mammogram? ☐ Yes ☐ No

➔ If YES, when was your last mammogram? (month/year) _____

or ☐ More than 5 years ago ☐ Don't know

Office Use Only

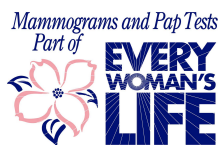
Administrative Site: _____ Enrollment Date: ____/____/____

Enrollment Site: _____ Case Manager: _____

Referred By (If Applicable): ☐ CLOW ☐ Sisters Network ☐ Other: _____

Client Status: Active – check one: ☐ New Patient ☐ Rescreen Client ID _____

☐ Inactive due to: (list reason) _____ Eff. Date _____



Breast and Cervical Cancer Early Detection Program
Virginia Department of Health

SCREENING ENCOUNTER FORM

| | | | |
|------------|------------------|--|--------------------|
| ADMIN Site | Cycle Start Date | <input type="checkbox"/> New Patient <input type="checkbox"/> FU <input type="checkbox"/> Rescreen | Client ID |
| Last Name | | First Name | MI |
| | | | SSN (or alien ID): |

| CLINICAL BREAST EXAM (CBE) | CERVICAL SCREENING |
|--|---|
| <p>1. Does the patient have breast symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Did the patient have a CBE? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. CBE Date ____ / ____ / ____ (mm/dd/yyyy)</p> <p>4. What were the CBE results?</p> <p style="padding-left: 20px;"> <input type="checkbox"/> Normal or Benign <input type="checkbox"/> Abnormal, suspicious for cancer – diagnostic evaluation needed <input type="checkbox"/> Not needed, previously performed, normal CBE <input type="checkbox"/> Needed, not performed (includes refused CBE) </p> <p>5. Was the CBE paid by BCCEDP? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p> | <p>12. Did the patient have a Pap test (88141)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. Date of Pap test ____ / ____ / ____ (mm/dd/yyyy)</p> <p>14. If so, what were the Pap test results?</p> <p style="padding-left: 20px;"> <input type="checkbox"/> Negative (for intraepithelial lesion or malignancy) <input type="checkbox"/> ASC-US <input type="checkbox"/> ASC-H <input type="checkbox"/> LGSIL <input type="checkbox"/> HGSIL <input type="checkbox"/> Squamous cell carcinoma <input type="checkbox"/> Abnormal Glandular Cells <input type="checkbox"/> Other result: _____ <input type="checkbox"/> Result pending <input type="checkbox"/> Result unknown, presumed abnormal, from non-program funded source <input type="checkbox"/> Not needed or done previously elsewhere with services not paid by BCCEDP <input type="checkbox"/> Needed but not performed (includes refused) </p> <p>15. Cervix present? <input type="checkbox"/> Yes (Cervical) <input type="checkbox"/> No (Vaginal)</p> <p>16. Specimen Type: <input type="checkbox"/> Conventional <input type="checkbox"/> Liquid-based <input type="checkbox"/> Other</p> <p>17. Specimen adequacy?</p> <p style="padding-left: 20px;"> <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory: repeat Pap </p> <p>18. Was the Pap test paid by BCCEDP? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Where was the Pap test performed?</p> <p style="padding-left: 20px;">Facility/Clinic: _____</p> <p>20. HPV Test Result? <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Done</p> <p style="padding-left: 20px;">HPV Test Date: ____ / ____ / ____ (mm/dd/yyyy)</p> <p>21. Was the patient referred for cervical diagnostic workup?</p> <p style="padding-left: 20px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |

| MAMMOGRAM |
|--|
| <p>6. Did the patient have a mammogram?</p> <p style="padding-left: 20px;"> <input type="checkbox"/> Screening (76092) <input type="checkbox"/> Diagnostic (76091) <input type="checkbox"/> No </p> <p>7. Date of mammogram. ____ / ____ / ____ (mm/dd/yyyy)</p> <p>8. What were the mammogram results?</p> <p style="padding-left: 20px;"> <input type="checkbox"/> Negative <input type="checkbox"/> Benign finding <input type="checkbox"/> Probably benign <input type="checkbox"/> Suspicious abnormality <input type="checkbox"/> Highly suggestive of malignancy <input type="checkbox"/> Assessment incomplete <input type="checkbox"/> Unsatisfactory, film cannot be interpreted—repeat Mammogram <input type="checkbox"/> Result pending <input type="checkbox"/> Result unknown, presumed abnormal, from other funded source <input type="checkbox"/> Not needed or previously performed with services not paid by BCCEDP <input type="checkbox"/> Needed but not performed (includes refused) </p> <p>9. Was the mammogram paid by BCCEDP? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Where was the mammogram performed?</p> <p style="padding-left: 20px;">Radiology Facility: _____</p> <p>11. Was the patient referred for breast diagnostic workup?</p> <p style="padding-left: 20px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |

Form Completed By (Signature) _____ Date _____

BREAST DIAGNOSTIC ENCOUNTER FORM

| Last Name | First Name | MI | SSN (or alien ID): | Cycle Start Date |
|-----------|------------|----|--------------------|------------------|
|-----------|------------|----|--------------------|------------------|

DIAGNOSTIC PROCEDURES

| | | | | | |
|---|--|--|---|---|--|
| 1a. Additional Mammographic views <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused 1b. Diagnostic Mammogram <input type="checkbox"/> Unilateral 76090 <input type="checkbox"/> Bilateral 76091 | 2. Ultrasound 76645 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused | 3. Repeat Breast Exam/Surgical Consult (99244) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused | 4. Fine Needle / Cyst Aspiration Result (88170) <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> Refused * Report add'l. procedure(s) done w/ breast FNA in #6 | 5. Breast Biopsy Interpretation/- Result (88305) <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> Refused * Report add'l. procedure(s) done w/ breast biopsy in #6 | 6. Add'l. Diagnostic Procedure(s): (check all that apply) <input type="checkbox"/> Stereotactic guided breast biopsy, needle placement (76095) <input type="checkbox"/> Mammography guided needle placement (76096) <input type="checkbox"/> Ultrasonic guidance for cyst aspiration (76938) <input type="checkbox"/> Ultrasonic guidance for needle biopsy (76942) <input type="checkbox"/> Punctate cyst aspiration (19000) <input type="checkbox"/> Cyst aspiration, additional (19001) <input type="checkbox"/> FNA without imaging (10021) <input type="checkbox"/> FNA with imaging (10022) <input type="checkbox"/> Needle core biopsy, without guidance (19100) <input type="checkbox"/> Incisional biopsy (19101) <input type="checkbox"/> Excision of cyst (19120) <input type="checkbox"/> Excision of lesion identified by pre-op placement of radiological marker (19125) <input type="checkbox"/> Excision of lesion identified by pre-op placement of radiological marker, additional (19126) <input type="checkbox"/> Pre-op placement of needle localization wire (19290) <input type="checkbox"/> Other: _____ CPT Code _____ |
| Date of Procedure ____/____/____ | Date of Procedure ____/____/____ | Date of Procedure ____/____/____ | Date of Procedure ____/____/____ | Date of Procedure ____/____/____ | |
| Results: <input type="checkbox"/> Negative <input type="checkbox"/> Benign findings <input type="checkbox"/> Probably benign <input type="checkbox"/> Suspicious abnormality <input type="checkbox"/> Highly suggestive of malignancy <input type="checkbox"/> Assessment incomplete | Results: <input type="checkbox"/> Negative/- Benign <input type="checkbox"/> Cystic <input type="checkbox"/> Solid <input type="checkbox"/> Indeterminate | Results: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Other benign findings | Results: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Indeterminate | Results: <input type="checkbox"/> Benign <input type="checkbox"/> Malignant <input type="checkbox"/> Indeterminate | |
| Funding Source: <input type="checkbox"/> CDC <input type="checkbox"/> Other | Funding Source: <input type="checkbox"/> CDC <input type="checkbox"/> Other | Funding Source: <input type="checkbox"/> CDC <input type="checkbox"/> Other | Funding Source: <input type="checkbox"/> CDC <input type="checkbox"/> Other | Funding Source: <input type="checkbox"/> CDC <input type="checkbox"/> Other | |

DIAGNOSTIC EVALUATION STATUS

BREAST CANCER TREATMENT STATUS

| BRONCHITIS/EMPHYSEMA STATUS | | | BREAST CANCER TREATMENT STATUS | | |
|--|---|--|---|--|--|
| <p>8. What is the status of the final diagnosis?</p> <p><input type="checkbox"/> Work-up complete (complete Q. 8 & 9)</p> <p><input type="checkbox"/> Work-up pending</p> <p><input type="checkbox"/> Patient lost to follow-up – Date: _____</p> <p><input type="checkbox"/> Work-up refused – Date: _____</p> | | | <p><input type="radio"/> What is the treatment status for breast cancer?</p> <p><input type="checkbox"/> Treatment started: ____ / ____ / ____</p> <p><input type="checkbox"/> Treatment pending</p> <p><input type="checkbox"/> Patient lost to follow-up – Date: _____</p> <p><input type="checkbox"/> Treatment refused – Date: _____</p> <p><input type="checkbox"/> Treatment not needed</p> | | |
| <p>8. Date of Final Diagnosis ____ / ____ / ____</p> | | | | | |
| 9. Final Diagnosis: | Stage? | Invasive tumor size? | 12. What type of treatment was recommended? (check all that apply) | | |
| <input type="checkbox"/> Ductal Carcinoma In Situ (DCIS) | <input type="checkbox"/> TNM Stage I | <input type="checkbox"/> 0 to \leq 1 cm | <input type="checkbox"/> Mastectomy | | |
| <input type="checkbox"/> Lobular Carcinoma In Situ (LCIS) | <input type="checkbox"/> TNM Stage II | <input type="checkbox"/> >1 to \leq 2 cm | <input type="checkbox"/> Lumpectomy | | |
| <input type="checkbox"/> Cancer, invasive (report stage and tumor size) ⇄ | <input type="checkbox"/> TNM Stage III | <input type="checkbox"/> >2 to \leq 5 cm | <input type="checkbox"/> Chemotherapy | | |
| <input type="checkbox"/> Breast cancer not diagnosed | <input type="checkbox"/> TNM Stage IV | <input type="checkbox"/> > 5 cm | <input type="checkbox"/> Radiation | | |
| | <input type="checkbox"/> Summary Local | <input type="checkbox"/> Unknown | <input type="checkbox"/> Hormonal | | |
| | <input type="checkbox"/> Summary Regional | | <input type="checkbox"/> Other: _____ | | |
| | <input type="checkbox"/> Summary Distant | | | | |
| | <input type="checkbox"/> Unknown Stage | | | | |
| | | | 13. Was patient enrolled in Medicaid for treatment? | | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Form Completed By (Signature) _____ **Date** _____

CERVICAL DIAGNOSTIC ENCOUNTER FORM

| | | | | |
|-----------|------------|----|--------------------|------------------|
| Last Name | First Name | MI | SSN (or alien ID): | Cycle Start Date |
|-----------|------------|----|--------------------|------------------|

DIAGNOSTIC PROCEDURES

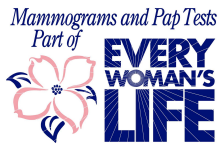
| | | | |
|---|--|--|--|
| 1. Colposcopy, only 57452 <input type="checkbox"/> Yes * <input type="checkbox"/> No <input type="checkbox"/> Refused * if done w/ ECC, report CPT code 57456 | 2. Colposcopy w/ Biopsy 57455 <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> Refused * if done w/ ECC, report CPT code 57454 | 3. Other – ECC 57505 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused | 4. Other (e.g., LEEP, pelvic ultrasound, endometrial biopsy) CPT Code _____ |
| Date of Procedure ____/____/____ | Date of Procedure ____/____/____ | Date of Procedure ____/____/____ | Date of Procedure ____/____/____ |
| Results: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Indeterminate | Results: <input type="checkbox"/> Normal/Benign <input type="checkbox"/> Malignant <input type="checkbox"/> Indeterminate | Results: <input type="checkbox"/> Normal/Benign <input type="checkbox"/> Malignant <input type="checkbox"/> Indeterminate | Results: <input type="checkbox"/> Normal/Benign <input type="checkbox"/> Malignant <input type="checkbox"/> Indeterminate |
| Funding Source: <input type="checkbox"/> CDC <input type="checkbox"/> Other | Funding Source: <input type="checkbox"/> CDC <input type="checkbox"/> Other | Funding Source: <input type="checkbox"/> CDC <input type="checkbox"/> Other | Funding Source: <input type="checkbox"/> CDC <input type="checkbox"/> Other |

DIAGNOSTIC EVALUATION STATUS

CERVICAL CANCER TREATMENT STATUS

| | |
|--|--|
| 5. What is the status of the final diagnosis? <input type="checkbox"/> Work-up complete (complete Q. 6 & 7) <input type="checkbox"/> Work-up pending <input type="checkbox"/> Patient lost to follow-up – Date: _____ <input type="checkbox"/> Work-up refused – Date: _____ 6. Date of final diagnosis. ____/____/_____ 7. Final diagnosis. <input type="checkbox"/> Normal/Benign Reaction/Inflammation/Infection <input type="checkbox"/> HPV/Condylomata/Atypia/ASCUS <input type="checkbox"/> CIN I/Mild Dysplasia (biopsy diagnosis) <input type="checkbox"/> CIN II/Moderate Dysplasia (biopsy diagnosis) <input type="checkbox"/> CIN III/Severe Dysplasia/Carcinoma in situ (Stage 0) (biopsy diagnosis) <input type="checkbox"/> Invasive Cervical Carcinoma (<i>indicate staging information below</i>) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Low grade SIL <input type="checkbox"/> High grade SIL 8. Cancer Stage: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> 1: Stage I</div> <div style="width: 33%;"><input type="checkbox"/> 4: Stage IV</div> <div style="width: 33%;"><input type="checkbox"/> 7: Summary Distant</div> <div style="width: 33%;"><input type="checkbox"/> 2: Stage II</div> <div style="width: 33%;"><input type="checkbox"/> 5: Summary Local</div> <div style="width: 33%;"><input type="checkbox"/> 8: Stage unknown</div> <div style="width: 33%;"><input type="checkbox"/> 3: Stage III</div> <div style="width: 33%;"><input type="checkbox"/> 6: Summary Regional</div> </div> | 9. What is the treatment status? <input type="checkbox"/> Treatment started: ____/____/_____ <input type="checkbox"/> Treatment pending <input type="checkbox"/> Patient lost to follow-up – Date: _____ <input type="checkbox"/> Treatment refused – Date: _____ <input type="checkbox"/> Treatment not needed 10. What type of treatment was recommended? (<i>check all that apply</i>) <input type="checkbox"/> Cryosurgery <input type="checkbox"/> Radiation <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Hysterectomy <input type="checkbox"/> LEEP <input type="checkbox"/> ECC <input type="checkbox"/> Other _____ 12. Was patient enrolled in Medicaid for treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

Form Completed By (Signature) _____ **Date** _____



Breast and Cervical Cancer Early Detection Program
Virginia Department of Health

ADDITIONAL COMMENT FORM (OPTIONAL)

| | | | | |
|-----------|------------|----|-------------------|------------------|
| Last Name | First Name | MI | SSN (or Alien ID) | Cycle Start Date |
| | | | | |

Additional Comments--Please date and sign note(s):

Waiver Statement:

I certify that I have been advised as to the need for follow-up medical evaluation or treatment and the consequences of not getting this evaluation or treatment. I have decided to exercise my right to refuse any type of follow-up medical evaluation or treatment.

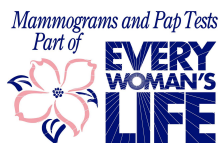
Signature

Date: ____/____/____

Witness Signature

Date: ____/____/____

Recommended Forms



Breast and Cervical Cancer Early Detection Program
Virginia Department of Health

CLIENT SATISFACTION QUESTIONNAIRE

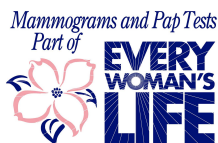
We wish to improve our services and learn your reaction to the clinic and its staff. In order to make improvements to better serve you and other women who are enrolled in the *Every Woman's Life* Program, we need your help. Please take a few minutes to answer the following questions. Please answer honestly. This information will be kept confidential. We will not identify you by name. Thank you for your time and help.

| | Where Pap was performed | Where Mammogram was performed |
|---|---|---|
| 1. How much time went by between when you called to make an appointment and the scheduled visit date? | <input type="checkbox"/> 1 week <input type="checkbox"/> 2 weeks <input type="checkbox"/> 3 weeks <input type="checkbox"/> 4 weeks <input type="checkbox"/> More than 4 weeks | <input type="checkbox"/> 1 week <input type="checkbox"/> 2 weeks <input type="checkbox"/> 3 weeks <input type="checkbox"/> 4 weeks <input type="checkbox"/> More than 4 weeks |
| 2. Were the clinic hours: | <input type="checkbox"/> Convenient <input type="checkbox"/> Not Convenient | <input type="checkbox"/> Convenient <input type="checkbox"/> Not Convenient |
| 3. Was the front desk staff pleasant and helpful? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Did the staff know about the <i>Every Woman's Life</i> Program? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |
| 5. How much time did you spend in the waiting room before going into an exam room was: | <input type="checkbox"/> <10 mins <input type="checkbox"/> 10-20 mins <input type="checkbox"/> 30 mins <input type="checkbox"/> > 30 mins | <input type="checkbox"/> <10 mins <input type="checkbox"/> 10-20 mins <input type="checkbox"/> 30 mins <input type="checkbox"/> > 30 mins |
| 6. After going into the exam room, how much time went by before a nurse or doctor saw you? | <input type="checkbox"/> <10 mins <input type="checkbox"/> 10-20 mins <input type="checkbox"/> 30 mins <input type="checkbox"/> > 30 mins | <input type="checkbox"/> <10 mins <input type="checkbox"/> 10-20 mins <input type="checkbox"/> 30 mins <input type="checkbox"/> > 30 mins |
| 7. Did you have privacy during your interview or exam? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Were the results of your visit discussed with you? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Results not back yet | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Results not back yet |
| 9. How well did the information that you were given ease your fears? | <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> Outstanding | <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> Outstanding |
| 10. Were all your questions and concerns answered? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Were you taught how to examine your own breasts at your Pap smear visit? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Already knew | Not Applicable |
| 12. Were you given information to take home with you? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Did the office staff help you make any other appointments that you needed? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No more needed | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No more needed |

| | | | | | | | |
|---|-------------------|--|-------------------------------|-------------------------------|--|--------------------------------------|--|
| 14. How satisfied were you with the service you received at this facility? | | <input type="checkbox"/> Quite dissatisfied <input type="checkbox"/> Indifferent/ Mildly dissatisfied <input type="checkbox"/> Mostly satisfied <input type="checkbox"/> Very satisfied | | | <input type="checkbox"/> Quite dissatisfied <input type="checkbox"/> Indifferent/ Mildly dissatisfied <input type="checkbox"/> Mostly satisfied <input type="checkbox"/> Very satisfied | | |
| 15. Overall, were you treated properly and with respect by the following staff members where you had the Pap Smear done: | Nursing staff: | <input type="checkbox"/> poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> excellent | <input type="checkbox"/> outstanding | |
| | Doctors: | <input type="checkbox"/> poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> excellent | <input type="checkbox"/> outstanding | |
| | Radiology Staff: | <input type="checkbox"/> poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> excellent | <input type="checkbox"/> outstanding | |
| | Admissions Staff: | <input type="checkbox"/> poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> excellent | <input type="checkbox"/> outstanding | |
| 16. Overall, were you treated properly and with respect by the following staff members where you had the Mammogram done: | Nursing staff: | <input type="checkbox"/> poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> excellent | <input type="checkbox"/> outstanding | |
| | Doctors: | <input type="checkbox"/> poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> excellent | <input type="checkbox"/> outstanding | |
| | Radiology Staff: | <input type="checkbox"/> poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> excellent | <input type="checkbox"/> outstanding | |
| | Admissions Staff: | <input type="checkbox"/> poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> excellent | <input type="checkbox"/> outstanding | |
| Please answer the following questions about the Every Woman's Life Program in General | | | | | | | |
| 17. To what extent has the <i>Every Woman's Life</i> program met your needs? | | <input type="checkbox"/> None <input type="checkbox"/> Only a few <input type="checkbox"/> Most <input type="checkbox"/> Almost all | | | | | |
| 18. If you were to seek help again, would you come back to the <i>Every Woman's Life</i> Program? | | <input type="checkbox"/> Definitely not <input type="checkbox"/> Don't think so <input type="checkbox"/> Think so <input type="checkbox"/> Definitely | | | | | |
| 19. If a friend were in need of similar help, would you recommend our program to her? | | <input type="checkbox"/> Definitely not <input type="checkbox"/> Don't think so <input type="checkbox"/> Think so <input type="checkbox"/> Definitely | | | | | |

Additional Comments:

Interview Date: _____ Interviewer: _____



Virginia Breast & Cervical Cancer Early Detection Program

DOCUMENTATION CHECKLIST

Patient Name: _____ BCCEDP Client ID: _____

Document the date in the appropriate box or write in “N/A” if not applicable. Initial each entry.

| | Date Completed/ Initials | Date Submitted/ Initials | Date Completed/ Initials | Date Submitted/ Initials | Date Completed/ Initials | Date Submitted/ Initials |
|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Eligibility Determined | | | | | | |
| Signed Informed Consent/Medical Release Form (annually) | | | | | | |
| Screening Encounter Form | | | | | | |
| Breast Cancer Diagnostic Encounter Form* | | | | | | |
| Cervical Cancer Diagnostic Encounter Form* | | | | | | |
| Additional Comments Form** | | | | | | |
| Other | | | | | | |
| Other | | | | | | |
| Other | | | | | | |
| Initials | | | | | | |

***To be completed if Diagnostic Follow-Up is indicated. ** Optional**

Initials Signature & Credentials Initials Signature & Credentials

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |



Virginia Breast & Cervical Cancer Early Detection Program

PATIENT EDUCATION CHECKLIST

Patient Name: _____ BCCEDP Client ID: _____

Document the date and initial in the appropriate box or write in "n/a" if not applicable.
Initial and sign at the bottom of the page with your credentials.

| | Date Completed | Date Completed | Date Completed | Date Completed | Date Completed |
|---|----------------|----------------|----------------|----------------|----------------|
| | Initials | Initials | Initials | Initials | Initials |
| Basic anatomy & physiology | | | | | |
| Risk Factors | | | | | |
| Current recommended guidelines | | | | | |
| Benefits of early detection | | | | | |
| BSE procedures | | | | | |
| Importance of monthly breast self-exam | | | | | |
| Clinical Breast & Pelvic Exam procedures | | | | | |
| Mammography procedures | | | | | |
| Importance of regular breast and cervical cancer screening | | | | | |
| Exit education/instructions | | | | | |
| Other | | | | | |
| Other | | | | | |

Initials

Signature & Credentials

Initials

Signature & Credentials

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |



Virginia Breast & Cervical Cancer Early Detection Program

PATIENT SERVICES FLOW SHEET

Patient Name: _____

BCCEDP Client ID: _____

**Document the date and initial in the appropriate box or write in "N/A" if not applicable.
Initial and sign at the bottom of the page with your credentials.**

| | Date Completed/ Initials | Date Completed/ Initials | Date Completed/ Initials |
|--|-----------------------------|-----------------------------|-----------------------------|
| Screen Appointment Scheduled | | | |
| Pre-Appointment Instructions | | | |
| Directions to Provider Site | | | |
| Transportation Assistance | | | |
| Clinical Breast Exam | | | |
| Pap Smear DOS | | | |
| Pap Report Received | | | |
| Patient Notified of Pap Result | | | |
| Mammogram DOS | | | |
| Mam Report Received | | | |
| Patient Notified of Mam Results | | | |
| Other | | | |
| Other | | | |
| Breast F/U Due | | | |
| Breast F/U Appt. Date | | | |
| Cervical F/U Due | | | |
| Cervical F/U Appt. Date | | | |
| Annual Mam Due | | | |
| Annual Pap Due | | | |
| Rescreen: 1 st Reminder Sent | | | |
| Rescreen: 2 nd Reminder Sent | | | |
| Rescreen: 3 rd Reminder (Phone) | | | |
| Other | | | |
| Other | | | |
| Other | | | |

| Initials | Signature & Credentials | Initials | Signature & Credentials |
|----------|-------------------------|----------|-------------------------|
| | | | |
| | | | |
| | | | |



CASE MANAGEMENT/DOCUMENTATION

Patient Name: _____ BCCEDP Client ID: _____

[illegible]

Virginia Breast & Cervical Cancer Early Detection Program

SPREADSHEET FOR WOMEN ENROLLED IN BCCEDP

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S |
|----|--|------------|-------------|---|----|--------|------------|------------|-------|--------|------------|------------|----------|-------|--------|------------|------------|------------|-----------|
| 1 | Spreadsheet for Women Enrolled in BCCEDP | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | DOS | | Payor | Pt | | DOS | | Payor | Pt | | Forms to | DOE | Re-Screen |
| 3 | Last Name | First Name | SS# | R | A | Pt # | Mammo | Facility | Mamm | Result | Notified | Pap | Facility | Pap | Result | Notified | Billing | | Due |
| 4 | Doe | Jane | 555-55-5555 | B | 53 | 999999 | 05/19/1999 | Memorial | cdc | neg | 05/25/1999 | 05/03/1999 | PO | cdc | neg | 05/10/1999 | 06/01/1999 | 05/03/1999 | May, 2000 |
| 5 | Brown | Mary | 999-99-9999 | W | 52 | 888888 | 06/15/1999 | St. Mary's | cdc | ABN | 06/16/1999 | 06/01/1999 | CH | cdc | neg | 06/10/1999 | 07/01/1999 | 06/01/1999 | Jun, 2000 |
| 6 | Smith | Susie | 888-88-8888 | H | 60 | 777777 | 07/07/1999 | St. Luke's | Komen | neg | 07/08/1999 | 07/01/1999 | CH | cdc | HGSIL | 07/10/1999 | 08/01/1999 | 07/01/1999 | Jul, 2000 |
| 7 | | | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | |

Quality Assurance

BCCEDP AUDIT GUIDELINES

Listed below are the categories that will be covered during the audit process. The audit categories contain an explanation of what the auditor is assessing.

GENERAL REQUIREMENTS

It is expected that the case manager will maintain copies of all mammograms, Pap smears, pelvic examinations, and CBE clinical examination notes. In addition, the case manager will maintain copies of all work-up reports including, but not limited to, surgical & GYN consults, fine needle aspirations, biopsies, colposcopies, and ultrasounds.

Recruitment/Target Enrollment: All administrative provider sites are assigned a target number of women to screen/rescreen within a given fiscal year. If the target is not achieved, points will be deducted.

Interpreter Services: It is the expectation that interpreter services will be available if needed.

Patient Tracking/Rescreen Reminder System: A tracking system must be in place. For example, a tracking system can be maintained through a computer program, tickler system, or spreadsheet. Verbal reminders to patients must be documented on a progress note. Copies of written reminders must be placed in the patient's record.

RECORD REVIEW

At the time of the audit, the case manager will provide records for the auditor to review. In most cases, the case manager will receive a list of names prior to the arrival of the auditor. However, the auditor maintains the right to petition additional records at the time of the audit.

Compliance with Breast Cancer Screening Algorithm: It is expected that the *Timeliness & Adequacy of Breast Cancer Screening Algorithm* will be followed. A copy of the algorithm can be found in the BCCEDP Orientation Manual.

Compliance with Cervical Cancer Screening Algorithm: It is expected that the *Algorithms from the Consensus Guidelines for the Management of Women With Cervical Cytological Abnormalities* will be followed. These algorithms were established by the American Society For Colposcopy and Cervical Pathology. A copy can be found on their web site at www.asccp.org.

Appropriate Referrals: A system must be in place to refer women for medical problems unrelated to the breast and cervix.

Signed Consent with Date: The consent form must be signed and dated annually. The date of enrollment is the date that the patient was originally enrolled in the program and remains fixed over time.

Patient Notification of Abnormal Pap Results: The patient shall be notified of her abnormal result within five business days of the receipt of the result by the administrative provider site. Documentation of the notification must be present in the record.

Patient Notification of Normal Pap Results: The patient shall be notified of her normal result within 10 business days of the receipt of the result by the administrative provider site. Documentation of the notification must be present in the record.

Patient Notification of Abnormal Mammogram Results: The patient shall be notified within 5 business days of the receipt of the result by the administrative provider site. Documentation of the notification must be present in the record.
(Note: The patient shall receive notification of normal results by the mammography provider)

Ultrasound Approval Obtained: A signed ultrasound approval form must be present in the chart if the patient receives a breast ultrasound. Approval may be obtained after the procedure is performed. A copy of the form can be found in the Orientation Manual.

Patient Education Protocol: The case manager must be able to produce a written protocol for patient education at the time of the audit. The parameters that must be covered are present on the Patient Education Checklist in the BCCEDP Orientation Manual.

Missed Appointment F/U: If a patient fails to show for an appointment, there must be documentation present on a progress note of efforts to reach her to re-schedule. Three attempts to contact the patient on three separate days should be performed. If these three attempts are unsuccessful in reaching the patient, a certified letter should be sent.

If three appointments are missed (i.e., "no shows"), the case manager reserves the right to discharge the patient from the BCCEDP. A **brief synopsis** indicating why a patient is refusing should be present on the *Additional Comments* form and submitted to the central office.

Contacts with Patient Documented in Medical Record: Verbal communication with the patient must be documented on a progress note. All documentation in the progress notes must be dated and signed with credentials. Copies of written communication must be present in the record.

Appropriate Medicaid Enrollment: A women referred to Medicaid under the Breast and Cervical Cancer Prevention and Treatment Act must be a BCCEDP enrollee and must have received screening or diagnostic services through the program. She must have been diagnosed with breast or cervical cancer or a pre-cancerous condition related to the breast or cervix. She must be deemed in need of treatment for her condition by a clinician. Treatment may be palliative as well as curative.

BCCPTA Application Completed & Signed: The form must be filled out completely and sent to the Department of Social Services in the county or city where the patient resides. A copy must be sent to the BCCEDP Central Office.

Medicaid Eligibility Ends When Treatment Ends: A letter must be sent to the patient's physician indicating that her eligibility for Medicaid ends when her treatment has ended. A copy of the letter must be given to the patient with documentation that she has been informed.

Pap Result Correctly Coded: The auditor will compare the Pap smear report with the data that has been reported to verify concurrence.

Mammography Result Correctly Coded: The auditor will compare the mammogram report with the data that has been reported to verify concurrence.

Staging Information Correctly Coded: This information can be best obtained from the treating physician. The Cancer Registry will not be able to provide you with this information in a timely manner.

Adherence to Policies & Procedures: It is expected that the administrative provider sites will comply with all new written policies.

DATA PERFORMANCE INDICATORS:

The data is obtained from the Data Manager's database in the BCCEDP Central Office. This information is ultimately communicated to the Centers for Disease Control and Prevention (CDC). The performance indicators are one of the standards by which the VABCCEDP is evaluated by the CDC.

VIRGINIA BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM
CLINICAL RECORD & DATA SUMMARY

AUDIT REPORT

Administrative Provider Site:

Subcontractor Sites:

Case Manager(s):

Coordinator(s):

Auditor:

Audit Date:

Charts Reviewed:

Auditor's Signature_____ **Date**_____

General Requirements (10 Points)

| Category | # Points Possible | See Commentary | Points Achieved |
|--|--------------------------|-----------------------|------------------------|
| Recruitment/Target Enrollment | 5 | | |
| Interpreter Services | 1 | | |
| Patient Tracking/Rescreen Reminder System | 4 | | |
| Total Points Achieved | 10 | | |

Record Review (42 Points)

| Category | # Points Possible | See Commentary | # Points Achieved |
|--|--------------------------|-----------------------|--------------------------|
| Compliance with Breast Cancer Screening Algorithm | 4 | | |
| Compliance with Cervical Cancer Screening Algorithm | 4 | | |
| Appropriate Referrals | 2 | | |
| Signed Consent with Date (annually) | 2 | | |
| Patient Notification of Abnormal Pap Results within 5 working days | 2 | | |
| Patient Notification of Normal Pap Results within 10 working days | 2 | | |
| Patient Notification of Abnormal Mammogram Results within 5 Working Days | 2 | | |
| Ultrasound Approval Obtained | 1 | | |
| Patient Education Protocol | 1 | | |
| Missed Appointment F/U | 2 | | |
| Contacts with Patient Documented in Medical Record | 3 | | |
| Appropriate Medicaid Enrollment | 3 | | |
| BCCPTA Application completed & signed | 2 | | |
| Medicaid Eligibility Ends When Treatment Ends (Letter) | 2 | | |
| Pap Result Correctly Coded | 2 | | |
| Mammography Result Correctly Coded | 2 | | |
| Staging Information Correctly Coded | 1 | | |
| Adherence to policies & procedures as outlined in the Medical Protocol Manual & memoranda generated by the VABCCEDP | 5 | | |
| Total Points Achieved | 42 | | |

Commentary

Data Performance Indicators (48 Points): Reporting Period – From _____ to _____

| Category | # Points Possible | Compliance Rate (%) | # Points* Achieved |
|---|--------------------------|----------------------------|---------------------------|
| Time Between Mammography DOS & Reception of Results (GOAL: >= 75% within 21 days) | 4 | | |
| Time Between Pap Test DOS & Reception of Results (GOAL: >= 75% within 21 days) | 4 | | |
| % Never/Rarely Screened for cervical cancer prior to enrollment (initial Pap only) (GOAL: >= 20%) | 4 | | |
| Rescreen Rate: within 18 mos. of initial screening (GOAL: >= 50%) | 4 | | |
| CERVICAL FOLLOW-UP | | | |
| Completion of Workup to Final Diagnosis (GOAL: >= 90% of cases)¹ | 4 | | |
| Time from Initial Screening to Final Diagnosis (GOAL: >= 75% within 60 days)² | 4 | | |
| Initiation of Treatment (GOAL: >= 90% of cases)³ | 4 | | |
| Time from Final Diagnosis to Treatment (GOAL: >= 80% within 60 days)⁴ | 4 | | |
| BREAST FOLLOW-UP | | | |
| Completion of Workup to a Final Diagnosis (GOAL: >= 90% of cases)⁵ | 4 | | |
| Time from Initial Screening to Final Diagnosis (GOAL: >= 75% within 60 days)⁶ | 4 | | |
| Initiation of Treatment (GOAL: >= 90% of cases)⁷ | 4 | | |
| Breast Abnormal Results:⁸ Time from Final Diagnosis to Treatment (GOAL: >= 80% within 60 days) | 4 | | |
| TOTAL POINTS ACHIEVED | 48 | | |

Note: Performance measures were based on data obtained and entered by _____.

Data Compliance Rate*

| Percentage | # Points |
|---------------------------------|-----------------|
| At or above Goal | 4 |
| -3% of Goal | 3 |
| -4% to -6% of Goal | 2 |
| -7% to -10% of Goal | 1 |
| More than 10% below Goal | 0 |

¹ Applies to HGSIL and Squamous cell carcinoma Pap test results

² Applies to HGSIL and Squamous cell carcinoma Pap test results.

³ CIN II, CIN III, CIS and invasive cervical cancer only.

⁴ CIN II, CIN III, CIS and invasive cervical cancer only.

⁵ Applies to cases of abnormal CBE and/or mammography results.

⁶ Applies to abnormal mammogram results only: Assessment Incomplete (BIRADS 0), Suspicious Abnormality (BIRADS 4), and Highly Suggestive of Malignancy (BIRADS 5).

⁷ Breast cancer in situ and invasive cases only.

⁸ Breast cancer in situ and invasive cases only.

Summary

| Category | Total Points Possible | Total Points Achieved |
|------------------------|-----------------------|-----------------------|
| General | 10 | |
| Record Review | 42 | |
| Performance Indicators | 48 | |
| Grand Total | 100 | |

Rating

| Points | Rating |
|--------|------------------|
| 95-100 | Excellent |
| 90-94 | Very Good |
| 80-89 | Good |
| 70-79 | Unsatisfactory |
| <70 | Critical Failure |

DOCUMENTATION OF PATIENT EDUCATION

Each provider site must have **in writing** an education protocol that is consistent with the BCCEDP protocol for education. The protocol dictates that the following items must be covered:

- Basic anatomy and physiology (breast & cervix)
- Risk Factors for breast and cervical cancer
- Current recommended guidelines for screening
- Benefits of early detection
- Breast self-exam procedures
- Importance of monthly breast self-exams
- Clinical breast and pelvic exam procedures
- Mammography procedures
- Importance of regular breast and cervical cancer screening
- Exit education/instructions

The above items can be covered verbally, in writing (handouts/brochures), or via video.

PERFORMANCE INDICATORS

1. At least 75% of the mammograms provided to NBCCEDP eligible women will be 50 years of age and older. The Virginia standard is 80%.
2. The number of days between the date of service of an abnormal Pap test and the date of final diagnosis shall not exceed 60 days.
- 3a. The number of days between an abnormal Pap test and the date of final diagnosis shall not exceed 60 days.
- 3b. The number of days between an abnormal mammogram and the date of final diagnosis shall not exceed 60 days.
4. The number of days between the date of final diagnosis of cervical cancer and the start of treatment shall not exceed 60 days.
5. The number of days between the date of final diagnosis of breast cancer and the start of treatment shall not exceed 60 days.
6. At least 90% percent of abnormal Pap tests (i.e., HSIL, squamous cancer) will have work-up completed to a final diagnosis recorded on the Cervical Diagnostic Encounter Form.
7. At least 90% of abnormal mammograms and/or CBEs will have completed work-up to a final diagnosis recorded on the Breast Diagnostic Encounter Form.
8. At least 90% of cases of diagnosed cervical cancer will have treatment initiated or be reported as treatment “refused” or patient “lost to follow-up” on the Cervical Diagnostic Encounter Form.
9. At least 90% of cases of diagnosed breast cancer will have treatment initiated or be reported as treatment “refused” or patient “lost to follow-up” on the Breast Diagnostic Encounter Form.
10. All sites shall have a reminder system in place to notify women when their annual rescreens are due. The goal is to achieve a re-screen rate of 75%.

11. At least 20% of the women enrolled should have never or rarely been screened for cervical cancer prior to enrollment. Rarely is defined as five or more years.
12. Emphasis should be placed on recruiting ethnic and racial minority women.

Medicaid

BCCEDP POLICY RELATED TO MEDICAID TREATMENT REIMBURSEMENT

ELIGIBILITY

Women who are screened through the Virginia BCCEDP, diagnosed with cancer or a pre-cancerous condition and certified as needing treatment by a BCCEDP Provider may be eligible for payment of that treatment by Medicaid under the Breast and Cervical Cancer Prevention and Treatment Act (BCCPTA). See section entitled: Women Who Are Not Eligible For Medicaid Under BCCPTA. The BCCEDP provider will seek pro bono or reduced cost treatment services for any women ineligible for Medicaid under the BCCPTA.

Treatment is defined as all forms of treatment prescribed by a physician, including palliative care.

If a BCCEDP eligible woman is seen by a health professional at any non-BCCEDP health care provider site because of a 'lump' or symptom that is suspicious for cancer, she is eligible to be referred to a BCCEDP Provider to be screened and diagnosed for breast and/or cervical cancer. If the woman is then diagnosed with breast or cervical cancer (or a pre-cancerous condition), she may be eligible for Medicaid Treatment Services under the Breast and Cervical Cancer Prevention and Treatment Act (BCCPTA). Screening data must be provided on the appropriate data forms.

If a woman is screened by a BCCEDP provider who detects an abnormality, but chooses to be evaluated by a non-BCCEDP provider, who eventually detects and diagnoses cancer, she may be eligible for Medicaid Treatment Services under the Breast and Cervical Cancer Prevention and Treatment Act (BCCPTA). Results of all screening and diagnostic services, including final diagnosis, must be provided on the appropriate data forms.

If her Medicaid eligibility is terminated because she no longer requires treatment, she is eligible for re-enrollment in the BCCEDP for breast and cervical cancer screening services as long as she meets the BCCEDP eligibility requirements. If she is subsequently diagnosed with breast or cervical cancer (or a pre-cancerous condition), she may be eligible for re-enrollment in Medicaid for the new cancer treatment, even if it is a recurrence of the previous cancer. Appropriate data forms must be completed.

WOMEN WHO ARE NOT ELIGIBLE FOR MEDICAID UNDER THE BCCPTA

Women who have already received a cancer diagnosis for breast and/or cervical cancer but were NOT screened or diagnosed by a BCCEDP Provider for that condition, are NOT eligible for Medicaid payment for treatment of that cancer, under the Breast & Cervical Cancer Prevention and Treatment Act covered group.

If a woman indicates that she is not a US citizen, receives SSI, is pregnant, or has a child under the age of 19 living with her, her application will require further evaluation by the DSS. **She may not be eligible for treatment under the BCCPTA covered group.** Many qualified aliens who arrived in the U.S. after August 21, 1996 are barred from receiving Medicaid for 5 years beginning with their date of entry with a qualified alien status. The five-year bar does not apply to certain refugees, asylees, and certain other groups. The determination of her eligibility for Medicaid will lie with the Department of Social Services.

DEFINITION OF A PRE-CANCEROUS CONDITION

Pre-cancerous conditions of the breast and/or cervix are those which are defined by a physician as needing treatment.

BREAST AND CERVICAL CANCER PREVENTION AND TREATMENT ACT (BCCPTA): PROCEDURE FOR ENROLLMENT

Once a patient is diagnosed with breast or cervical cancer or a pre-cancerous condition and deemed in need of treatment by a physician, the following procedures must take place:

- The patient will complete and sign a BCCPTA Medicaid Application/Redetermination form. This form will be certified by the case manager or a person that is designated to sign by the respective administrative provider site.
- The case manager will immediately forward the signed copy of the BCCPTA Medicaid Application/Redetermination form to the county or city DSS office where the patient resides. A copy must also be sent to the BCCEDP Central Office.
- The case manager will maintain contact with the patient to ensure that treatment has begun and that any barriers to receiving treatment are addressed. Document all contacts with the patient in the medical record.
- The case manager shall inform the patient in writing that her eligibility for Medicaid through the BCCPTA ends when her treatment has ended. A copy of this letter shall be sent to the treating physician.
- Some patients will have a very short course of treatment (e.g., Leep, conization, etc.) Others will have a prolonged course of treatment (e.g., Tamoxifen for five years). The physician will determine when the course of treatment is completed. The patient shall receive full Medicaid coverage for as long as she is in treatment.
- It is the patient's responsibility to notify Medicaid when her treatment course is completed or if she has a change in her Medicaid eligibility status (e.g. obtains private insurance, etc)
- Once the patient has completed treatment and is no longer eligible for Medicaid, she can be re-enrolled in the BCCEDP as long as she meets all of the eligibility criteria for enrollment. It is highly recommended that the case manager contact the patient after her treatment is completed in order to assess her eligibility for re-enrollment in the BCCEDP.

MEDICAID REDETERMINATION

The Department of Social Services will redetermine Medicaid eligibility on an annual basis. At the time of the annual redetermination, the recipient must provide a statement from her medical provider verifying continued treatment for breast or cervical cancer.

SAMPLE LETTER TO PHYSICIAN RE: MEDICAID

Today's Date

Re: Patient's Name

Dear Dr. _____

Ms. _____ has been enrolled in The Breast and Cervical Cancer Early Detection Program (BCCEDP). This program covers breast and cervical cancer screening and follow-up services until the screening is determined negative/benign or until a diagnosis of breast and/or cervical cancer or a pre-cancerous condition is reached.

Beginning July 1, 2001, The Breast and Cervical Cancer Prevention and Treatment Act (BCCPTA) became effective. Ms. _____ is eligible for enrollment in Medicaid because she was enrolled, screened, and/or diagnosed with _____ by a medical provider operating under the BCCEDP. Once enrolled in Medicaid under the BCCPTA, she will be eligible for all Medicaid covered services while under treatment. However, the final determination for eligibility for Medicaid lies with the Department of Social Services.

Once you have determined that Ms. _____ has completed her treatment, please provide her with a document indicating this. It will then become her responsibility to present this document to the Department of Social Services. At that time, she will be discharged from Medicaid. If you will kindly notify me (with the patient's consent) that she has completed her treatment, I will be happy to facilitate her re-enrollment into the BCCEDP. Once she is re-enrolled in the program, she will be able to receive future screenings for breast and cervical cancer free of charge. Please remember that re-enrollment in the program does depend on her meeting certain eligibility criteria.

If you have any questions or concerns about Ms. _____, please do not hesitate to contact me at the address or phone number listed below. If you have any general questions about the BCCEDP, please feel free to contact myself or the Virginia Department of Health (Division of Women's & Infants' Health) at 804-786-5916.

Sincerely,

Case Manager's Name

Address

Phone#

Fax#

E-mail address

Frequently Asked Questions

Frequently Asked Questions

- 1. A woman has a Pap smear with a result of ASCUS. The plan is to repeat her Pap smear in three months. Is this considered diagnostic work-up?**

No. Short-term follow-up Pap tests do not constitute diagnostic work-up and the result of these Pap tests should be recorded on a new Screening Encounter Form. Document on question 21 that no diagnostic work-up is planned.

- 2. A woman has a hysterectomy for benign reasons, but the physician wants to perform a vaginal Pap test. Will the program pay for this?**

No. It is always up to the clinician to determine the plan of care for a woman, but CDC will not reimburse for vaginal Pap tests unless the hysterectomy was performed for cervical neoplasia or the woman had a supracervical hysterectomy, thereby leaving her cervix intact. However, record the results of the vaginal Pap smear on the Screening Encounter Form and, under question 18, record "no" when asked if the Pap smear was paid for by the BCCEDP. This does not affect your reimbursement of the capitated rate.

- 3. A woman has a mammogram and the radiologist is awaiting films for comparison. Should I record the result as "Assessment Incomplete" on the Screening Encounter Form?**

No. Record the result as "Result Pending" or await the final result from the radiologist before recording on the Screening Encounter Form. A result of "Assessment Incomplete" (BIRADS 0) means that the radiologist wants additional imaging studies performed. The results of the additional imaging studies will be recorded on the Breast Diagnostic Encounter Form.

- 4. A woman comes in for screening and is ineligible for a Pap smear since she has had three consecutive negative MDE documented Pap smears within the last five years. Should a pelvic examination be performed anyway?**

A woman should receive a pelvic examination even if she will not receive a Pap smear. Many abnormalities can be found during a pelvic examination that might otherwise go undetected. There is no need to report the findings of the pelvic exam on the Screening Encounter Form; the questions have been removed from the current version of the form. If the patient has only a pelvic exam and not a Pap test, this will not affect your reimbursement rate.

- 5. A woman has a Pap smear result of Atypical Glandular Cells (AGC) and the clinician plans to repeat the Pap smear in three or four months. Is this appropriate follow-up?**

No. The patient must always have diagnostic work-up for a finding of AGC. Simply repeating the Pap smear is insufficient. Follow the Algorithms from the Consensus Guidelines for the Management of Women with Cervical Cytological Abnormalities. There is a high incidence of endometrial cancer with a Pap finding of AGC.

6. **The clinician determines that the patient has an abnormal, suspicious for cancer clinical breast examination. The patient is sent for a screening mammogram, which is negative, and the clinician opts not to perform any diagnostic work-up. Is this sufficient work-up?**

No. The patient should have been sent for a diagnostic, not a screening, mammogram. Even if the result of the diagnostic mammogram is negative, the patient must then be referred for one or more of the following diagnostic procedures:

- Breast Ultrasound
- Repeat breast examination by a surgeon/breast specialist
- Biopsy/Lumpectomy
- Fine Needle Aspiration

7. **A woman fails to show up repeatedly for scheduled appointments. How long does the case manager have to follow her?**

Once a woman fails to show for three scheduled appointments, the case manager has the option of discharging her from the BCCEDP. However, a certified letter should be sent to the woman explaining the reason for discharging her and giving her the option to re-enroll in the future if she chooses to do so.

8. **A woman returns to the clinic for a follow-up Pap smear after a diagnosis of ASCUS four months ago. How is this recorded on the data forms?**

For follow-up pap smears (no other tests done), record the visit as "FU" (follow-up) on the Screening Encounter Form. Complete the cervical section and indicate that the CBE and mammogram were "not needed, previously performed" in the CBE and mammogram sections. Do not repeat information already submitted in another screening cycle.

9. **Should I report any of the patient's medical history? If so, what form would I use?**

We have eliminated the Medical History Survey for FY 2004. Instead, we ask that you obtain information on a new client's last mammogram and Pap test (prior to being enrolled) and report it on the Eligibility Form. This information is relevant to whether or not we are targeting women in need of breast and cervical cancer screening. One of the Performance Indicators is that at least 20% of newly enrolled women must fall in the category of never been screened for cervical cancer or previously having a Pap test more than five years ago.

10. **A woman is diagnosed with breast or cervical cancer through the BCCEDP and refuses all forms of treatment with the exception of palliative care for symptom management. Can this woman be referred to Medicaid under the BCCPTA?**

Yes. Treatment includes **all forms of treatment prescribed by a physician** for her breast or cervical cancer. This also includes the women for whom pain management with medication is the only form of therapy planned.

11. A woman is enrolled in our program. She is diagnosed with breast cancer. She has a green card with an alien ID number. Will she be accepted into Medicaid under the BCCPTA?

She may not be eligible under the BCCPTA covered group. If she entered the U.S. after August 21, 1996, she will probably be barred from receiving Medicaid for 5 years beginning with her date of entry as a qualified alien. **There are exceptions to this rule.** You should refer the patient to the DSS in the county or city where she resides. A DSS eligibility worker will need to assess the specifics of her case in order to make a determination regarding her eligibility for Medicaid.

Billing

BILLING POLICY

Procedure 1: Data Packet and Invoice Received Concurrently:

- 1.1 Invoice and data packets are stamped as received by the BCC staff.
- 1.2 The Data Manager or designated Data Entry Staff reviews the data packets for accuracy and completeness and highlights any mistakes or missing data fields. Data is entered in BCC database.
- 1.3 **If all data forms are complete**, the data packet is approved for payment and marked as “OK” beside the patient’s name on the itemized invoice. The invoice date is filled in on the invoice date field in the database.
- 1.4 The Data Staff takes the reviewed invoice to the Program Director or Data Manager for a final signature of approval and assignment of budget codes. The original invoice will be stamped (“Approved for Payment”) with a final date of approval.
- 1.5 The Data Staff submits the approved original invoice to the Fiscal Office for processing for payment. A copy of the invoice is placed in the file.
- 1.6 The Data Staff sends (via FAX and mail) a copy of the approved invoice and detailed memo to the Provider Site.
- 1.7 **If all data forms are NOT complete**, the data packet is not approved for payment and marked as “NA” (Not Acceptable) beside the patient’s name on the itemized invoice. The invoice date field in the database is left blank.
- 1.8 Missing or incorrect data fields are highlighted on the original data form. A copy of the data form(s) with incomplete information is returned to the Provider for correction and resubmission.
- 1.9 The Data Staff will amend the submitted invoice indicating the actual number of complete packets that are approved for payment.
- 1.10 A copy of the original amended invoice will be returned to the Provider with the incomplete data forms. An accompanying memo from the Data Manager will provide further detail on the type of information missing.
- 1.11 The Provider site will be instructed to resubmit the completed data packets/forms in the next month’s data submission with the patient listed on a new invoice.
- 1.12 The Data Staff takes the invoice post-review to the Program Director or Data Manager for final approval and budgetary coding. The original invoice is stamped (“Approved for Payment”) with a final date of approval.
- 1.13 The Data Staff submits the signed invoice to the Fiscal Office for processing for payment.
- 1.14 The Data Staff sends (via FAX and mail) a copy of the approved invoice and detailed memo to the Provider Site.

Procedure 2: Invoice Only Received

- 2.1 If an invoice is received, but no data had been received, no further action will be taken on the invoice by the Data Staff or Business Unit. **To ensure prompt payment, data must accompany all invoices.**
- 2.2 The Data Staff, who reviews the invoice, will appropriately check the explanatory item on the form called the *Billing Problem Memo* (second check box on Memo) and FAX it to the Provider Site immediately.
- 2.3 The Data Staff copies the invoice and marks “NA” beside each patient’s name on the itemized invoice. The Data Staff mails the invoice back to the Provider for resubmission

with the complete data packets. The Memo is also sent to the Provider and a copy of both invoice and Memo are kept in the BCC files.

- 2.4 See Procedure 1 and follow upon resubmission of invoice and data packets.

Procedure 3: Data Packets Only Received

- 3.1 If data packets are received, **but** there is no invoice, the data packets will be date stamped as received by the state office.
- 3.2 The Data Manager or designated Data Entry Staff reviews the data packets for accuracy and completeness and highlight any mistakes or missing data fields.
- 3.3 The Data Staff will enter the data into the BCC database, leaving the invoice date field blank in the database until an invoice is received and approved.
- 3.4 The Data Staff will appropriately check the explanatory item on the form called the *Billing Problem Memo* (third check box on the Memo) and FAX it to the Provider Site immediately. Patients' names and dates of service will be listed on the Memo under the detail section.
- 3.5 Packets with missing data or errors will be returned to the Provider along with the Memo.
- 3.6 See Procedure 1.1 and follow upon resubmission of invoice and data packets.

GETTING PAID

1. Complete all information on the required Forms: Eligibility Form, Screening Encounter Form (Diagnostic Encounter Forms may be completed at a later date).
2. Provide the information required on the sample invoice, making sure that Provider letterhead is used. The following information is required on second page attached to the invoice: patient's name, SSN, screening date of service. Reserve a column for BCCEDP use—BCCEDP staff will review each data packet and indicate which packets are approved for payment.
3. Mail the invoice and the data packets in a manila envelope to:

Virginia Department of Health
Virginia Breast and Cervical Cancer Early Detection Program
PO Box 2448, Room 135
Richmond, Virginia 23219
4. Names on the invoice will be checked against the names on the forms in the data packet. Each form will then be checked for completed data.
5. Any data packets with incomplete or missing data will be returned to the Provider Site Case Manager/Coordinator for correction/completion. The invoice will be amended to show the clients approved for payment.
6. The approved invoice will be signed by the Program Director and forwarded to the Virginia Department of Health fiscal office for payment.
7. Payment typically takes between 30 to 60 days to be sent to the Provider.
8. Incomplete data packets returned to the case manager may be re-submitted for payment in the next month's billing cycle when they are corrected or completed. The name of the client should be included in the new invoice.

Provider Letterhead

SAMPLE INVOICE

Invoice Date:_____

Federal Tax ID#_____

Invoice #_____

Contract #_____

Submitted by: _____

TO: Virginia Department of Health
Virginia Breast and Cervical Cancer Early Detection Program
109 Governor Street, Eighth Floor (P.O. Box 2448)
Richmond, Virginia 23219

Reimbursement is requested for expenses incurred on project entitled *BCCEDP Screening* (see attached Patient List).

Reimbursement of expenses incurred to screen _____ women @ \$320 each = \$_____

Approved by VDH for payment: _____ women @ \$320 each = \$_____

Please remit \$_____ to:

Provider Site Name

Address

Address

*Social Security Number is requested but not required; if not used, please create an identifying number for the client(s).

PLEASE NOTE: Payment will be approved only for clients with required data forms completed.

Provider Letterhead

Invoice Date:_____

Invoice # _____

Data submitted on the following BCCEDP Patients:

[illegible]

BCCEDP APPROVED MEDICARE PROCEDURE CODES

(Based on the Year 2003 Medicare Rate Schedule)

Effective 3/01/03 to 7/29/04

| BREAST | CPT CODE | FEE |
|--|-------------------------------|---------------------------|
| <i>Screening</i> | | |
| Screening Mammogram, bilateral (two view film study of each breast) | 76092 76092 TC 76092 26 | 72.76 40.30 32.46 |
| <i>Diagnostics</i> | | |
| Diagnostic/Follow-Up---Unilateral Mammogram | 76090 76090 TC 76090 26 | 66.74 34.61 32.13 |
| Diagnostic/Follow-Up---Bilateral Mammogram | 76091 76091 TC 76091 26 | 83.09 43.22 39.87 |
| Stereotactic localization guidance for breast biopsy or needle placement (eg, for wire localization or for injection), each lesion, radiological supervision, and interpretation | 76095 76095 TC 76095 26 | 309.91 236.71 73.20 |
| Mammographic guidance for needle placement, breast (e.g., for wire localization or for injection), each lesion, radiological supervision and interpretation | 76096 76096 TC 76096 26 | 68.96 43.22 25.75 |
| Radiological examination, surgical specimen | 76098 76098 TC 76098 26 | 21.54 13.97 7.57 |
| Ultrasound, breast (s) (unilateral or bilateral), B-scan and/or real time with image documentation | 76645 76645 TC 76645 26 | 59.35 34.61 24.74 |
| Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation | 76942 76942 TC 76942 26 | 128.06 97.10 30.96 |
| Puncture aspiration of cyst of breast (surgical procedure only) | 19000 | 68.74 |
| Puncture aspiration of cyst of breast, each additional cyst | 19001 | 41.42 |
| Breast biopsy; percutaneous, needle core, not using imaging guidance (surgical procedure only) | 19100 | 91.36 |
| Breast biopsy; open, incisional | 19101 | 274.59 |

| | | |
|---|-------------------------------|--------------------------|
| Biopsy of breast; percutaneous, needle core using imaging guidance | 19102 | 228.02 |
| Breast biopsy; percutaneous, automated vacuum assisted or rotating biopsy device using imaging guidance | 19103 | 528.14 |
| Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion, open..., one or more lesions | 19120 | 358.58 |
| Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion | 19125 | 380.68 |
| Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker | 19126 | 138.02 |
| Preoperative placement of needle localization wire, breast | 19290 | 138.04 |
| Preoperative placement of needle localization wire, breast; each additional lesion | 19291 | 76.80 |
| Fine needle aspiration without imaging guidance | 10021 10021 TC 10021 26 | 121.34 |
| Fine needle aspiration with imaging guidance | 10022 10022 TC 10022 26 | 130.40 |
| Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s) | 88172 88172 TC 88172 26 | 43.50 13.97 29.53 |
| Cytopathology, evaluation of fine needle aspirate; interpretation and report | 88173 88173 TC 88173 26 | 107.90 39.61 68.30 |
| Breast biopsy-surgical pathology, gross and microscopic examination, not requiring microscopic evaluation of surgical margins | 88305 88305 TC 88305 26 | 83.83 46.92 36.91 |
| Breast, excision of lesion-surgical pathology, gross and microscopic examination requiring microscopic evaluation of surgical margins | 88307 88307 TC 88307 26 | 144.28 66.08 78.20 |
| CERVICAL | | |
| <i>Screening</i> | | |
| Pap smear, reported in Bethesda System, manual screening under physician supervision | 88164 | 14.76 |
| Pap smear, reported in Bethesda System requiring interpretation by physician | 88141 | 46.59 |
| Papillomavirus, human, amplified probe technique | 87621 | 45.95 |

| | | |
|---|--------------|---------------|
| <i>Diagnostic</i> | | |
| Colposcopy without biopsy (surgical procedure only) | 57452 | 107.95 |
| Colposcopy with biopsy and endocervical curettage (surgical procedure only) | 57454 | 148.08 |
| Colposcopy with biopsy (s) of the cervix | 57455 | 132.93 |
| Colposcopy with endocervical curettage | 57456 | 125.57 |
| Cervical biopsy, interpretation-surgical pathology, gross and microscopic examination | 88305 | 83.83 |
| | 88305 TC | 46.92 |
| | 88305 26 | 36.91 |
| OFFICE VISITS | | |
| New Patient-Office Visit (10 minutes face to face) | 99201 | 31.24 |
| New Patient-Office Visit (20 minutes face to face) | 99202 | 55.80 |
| New Patient-Office Visit (30 minutes face to face) | 99203 | 82.69 |
| New Patient-Office Visit (45 minutes face to face) | 99204 | 118.15 |
| New Patient-Office Visit (60 minutes face to face) | 99205 | 151.04 |
| Established Patient-Office Visit (5 minutes face to face) | 99211 | 18.29 |
| Established Patient-Office Visit (10 minutes face to face) | 99212 | 32.54 |
| Established Patient-Office Visit (15 minutes face to face) | 99213 | 45.71 |
| Established Patient-Office Visit (25 minutes face to face) | 99214 | 71.55 |
| Established Patient-Office Visit (40 minutes face to face) | 99215 | 104.94 |
| Consultation Visit-15 minutes face to face with patient | 99241 | 42.27 |
| Consultation Visit-30 minutes face to face with patient | 99242 | 78.56 |
| Consultation Visit-40 minutes face to face with patient | 99243 | 104.08 |

Modifier Codes T and 26: Certain procedures are a combination of a physician component and a technical component. When the physician component is reported separately, the service may be identified by adding the modifier "26" to the usual procedure number. When the technical component is reported separately, the service may be identified by adding the modifier "T" to the usual procedure number.

All codes new to the list are **bolded**.

**LISTED BELOW ARE EXAMPLES OF PROCEDURES THAT ARE NOT
REIMBURSABLE THROUGH THE BCCEDP**

| PROCEDURE | CPT CODE | FEE |
|---|----------|--------|
| Loop electrode biopsy(s) of the cervix | 57460 | 263.73 |
| Loop electrode excision | 57522 | 239.01 |
| Conization of the Cervix | 57520 | 278.61 |
| Endometrial Biopsy | 58100 | 100.34 |
| Pelvic Ultrasound | 76856 | 82.17 |
| Any treatment of breast cancer, cervical intraepithelial neoplasia and cervical cancer | Varies | Varies |

Sample Letters

August 12, 2002

Jane Doe
161 Harm's Way
Little Town, Va. 24153

Dear Ms. Doe,

Recently, you informed me that you have obtained Medicare coverage. According to the "Every Woman's Life" program guidelines, you are no longer eligible to participate in the program; however, we can provide a list of local doctors and mammography facilities in your area upon request. You may also contact Carilion Physician Referral at 1-800-422-8482 and they will assist you with finding a physician.

I am pleased that you have taken a positive step in assuming responsibility for your health by having a mammogram and Pap smear, and I appreciate the opportunity to assist you in obtaining these services. Since Medicare provides coverage for these services, I hope you will continue to have a mammogram and Pap smear every year. Some women feel that getting exams done once means that they don't have to get them again. On the contrary, these exams are most useful when scheduled at regular intervals so that early changes can be detected and treated.

Please take time to take care of yourself. Do it for yourself and those who depend on you! If you have questions or concerns, do not hesitate to call me toll free at 1-877-388-4620.

With warmest regards,

Health Screening Coordinator
Every Woman's Life

August 8, 2002

Ms. Jane Doe
161 Harm's Way
Little Town, Va. 24153

Dear Ms. Doe,

You have been scheduled for a surgical consultation as follows:

Physician: Dr. Dudley Doolittle
Date: Tuesday, August 20, 2002
Time: 2:30 p.m.
Telephone: (549) 888-8888
Location: Little Town Surgical Associates

The clinic will forward a copy of your records to the surgeon's office for review. You will need to pick up your mammogram and/or ultrasound films along with a copy of the reports and take them with you to the appointment. For directions, please call the surgeon's office at the above number.

If you cannot keep this appointment, please call me as soon as possible or call the surgeon's office to reschedule. In the meantime, please feel free to call me if you have any questions or concerns at 540-777-7777 or toll free at 1-877-888-8888.

Sincerely,

July 19, 2002

Ms. Jane Doe
161 Harm's Way
Little Town, Virginia 24153

Dear Ms. Doe,

We are pleased that you have taken a positive step in assuming responsibility for your health. This service was funded by *Every Woman's Life*, and sponsored by Carilion Health System. We encourage you to practice the recommendations taught to you at the Clinic and to continue to have regular annual checkups. The screening results from your recent visit to the clinic and the Carilion Breast Care Center are as follows:

Mammogram (x-ray of the breast(s))

_____ No evidence of breast cancer

_____ Other: _____

Pap Smear (sample of cells from the cervix (mouth of womb), or vagina if you have had a hysterectomy):

_____ No evidence of cancer

_____ Other _____

Your mammogram should be done again in **one year** and your Pap smear in **one year**. Please call the "Every Woman's Life" Program for an appointment one month ahead of time at 1-888-888-8888 (toll free)

If you have any questions, do not hesitate to call our office. Congratulations on taking this important step in protecting your health.

Sincerely,

February 23, 2002

Ms. Jane Doe
161 Harm's Way
Little Town, Va. 24153

Dear Ms. Doe,

It's that time of year! You are due for your annual Pap test and mammogram in April.

The EveryWoman's Life Program continues to provide free mammograms and Pap tests to eligible women in the state of Virginia. It is necessary to re-enroll in the program each year to receive these services. If you are interested in re-enrolling, please contact me at **1-888-888-8888 (toll free)**.

Many women schedule these exams regularly as part of their plan to take care of themselves. Some women feel that getting these exams done once means that they don't have to get them again. On the contrary, **these exams are most useful when done at regular intervals so that early changes can be detected and treated.**

We hope that you will take time to take care of yourself. Do it for yourself and do it for those who depend on you.

We will be happy to schedule your visit when you call.

With warmest regards,

Appendices

**APPENDIX A: ALGORITHMS FROM THE CONSENSUS
GUIDELINES FOR THE MANAGEMENT OF WOMEN WITH
CERVICAL CYTOLOGICAL ABNORMALITIES**

—to download a copy, refer to the ASCCP website:

<http://www.asccp.org/consensus/cytological.shtml>

Definitions of Terms Utilized in the Consensus Guidelines

Colposcopy is the examination of the cervix, vagina, and, in some instances the vulva, with the colposcope after the application of a 3-5% acetic acid solution coupled with obtaining colposcopically-directed biopsies of all lesions suspected of representing neoplasia.

Endocervical sampling includes obtaining a specimen for either histological evaluation using an endocervical curette or a cytobrush or for cytological evaluation using a cytobrush.

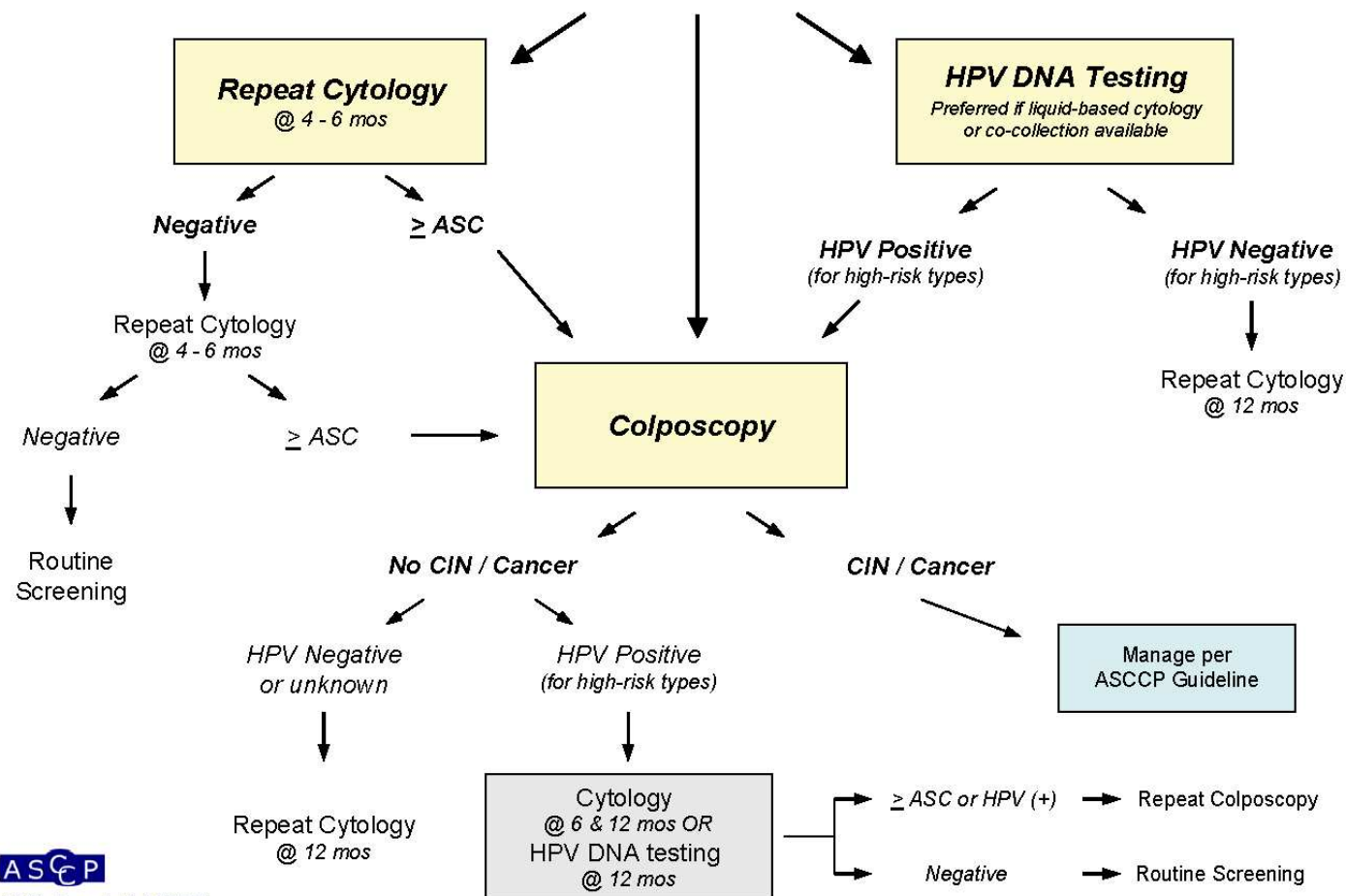
Endocervical assessment is the process of evaluating the endocervical canal for the presence of neoplasia using either a colposcope or endocervical sampling.

Diagnostic excisional procedure is the process of obtaining a specimen from the transformation zone and endocervical canal for histological evaluation and includes laser conization, cold-knife conization, loop electrosurgical excision (i.e., LEEP), and loop electrosurgical conization.

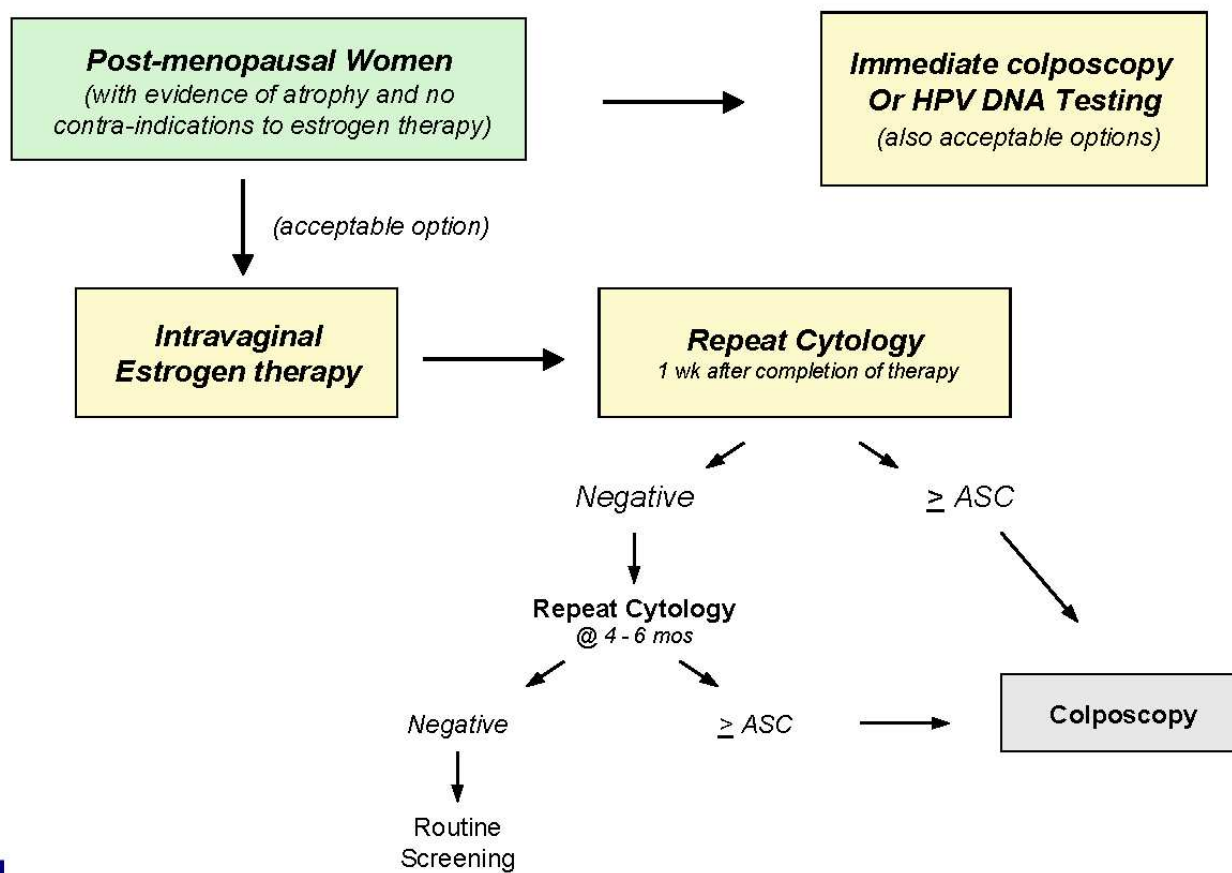
Satisfactory colposcopy indicates that the entire squamocolumnar junction and the margin of any visible lesion can be visualized with the colposcope.

Endometrial sampling includes obtaining a specimen for histological evaluation using an endometrial biopsy or a “dilatation and curettage” or hysteroscopy.

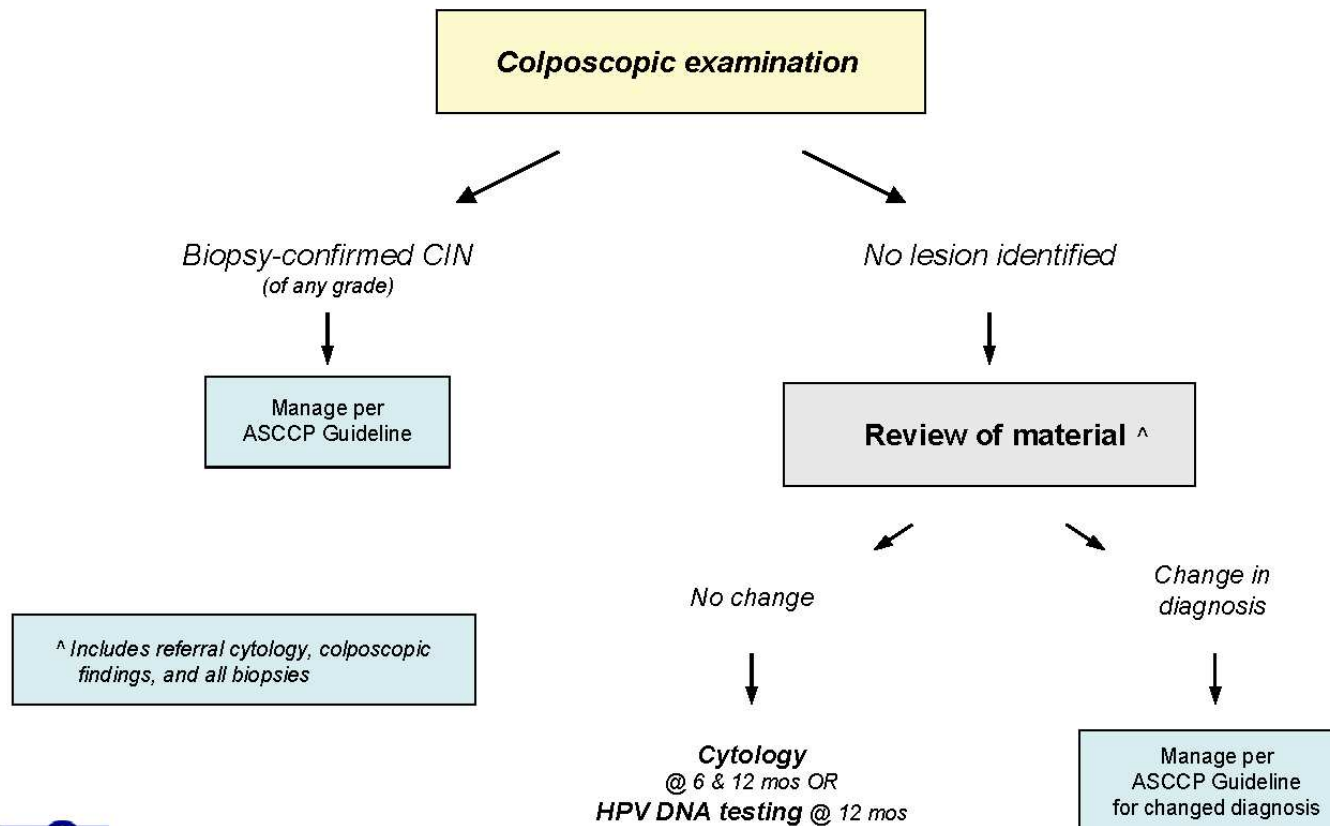
Management of Women with Atypical Squamous Cells of Undetermined Significance (ASC-US)



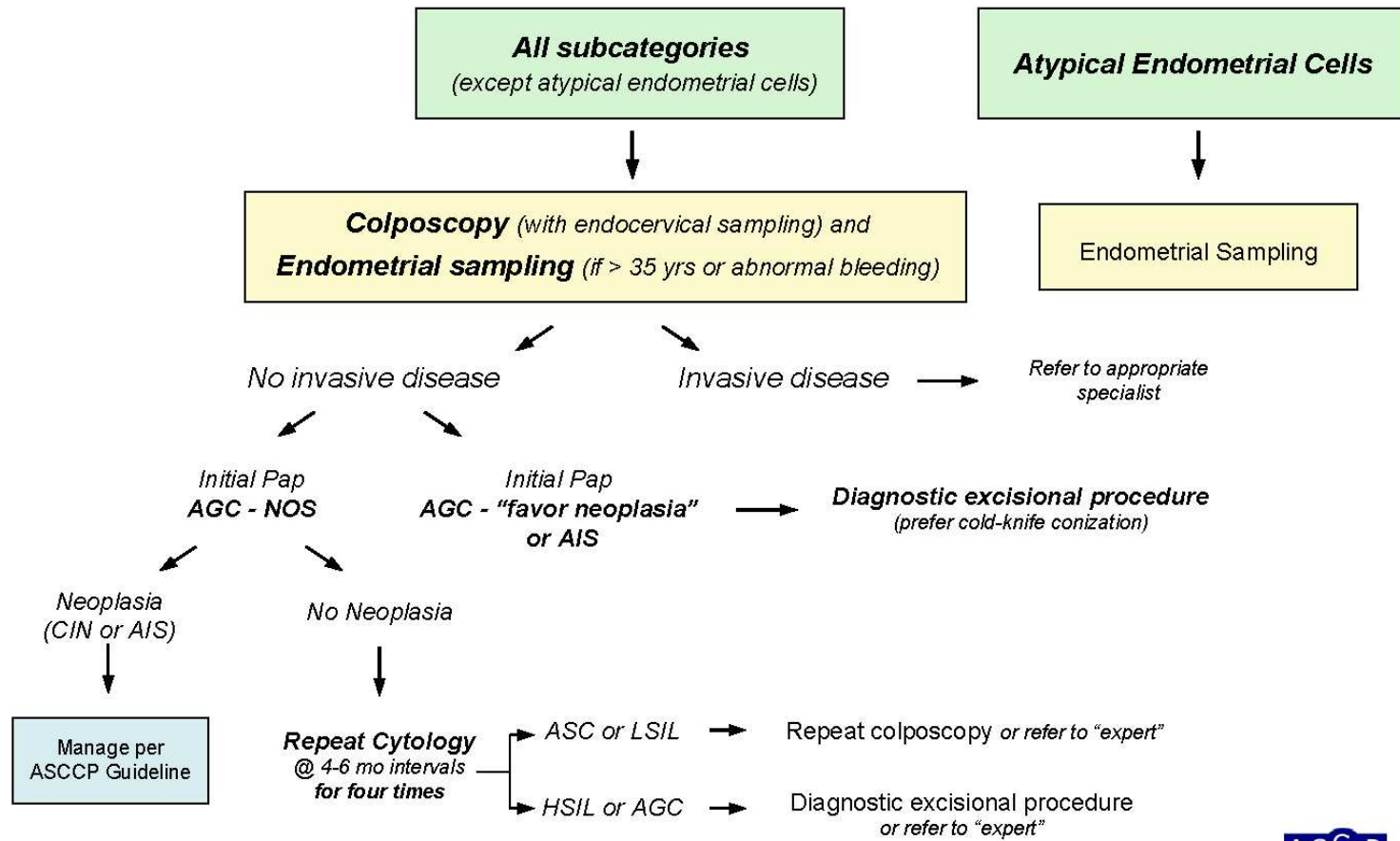
Management of Women with Atypical Squamous Cells of Undetermined Significance (ASC-US) In Special Circumstances



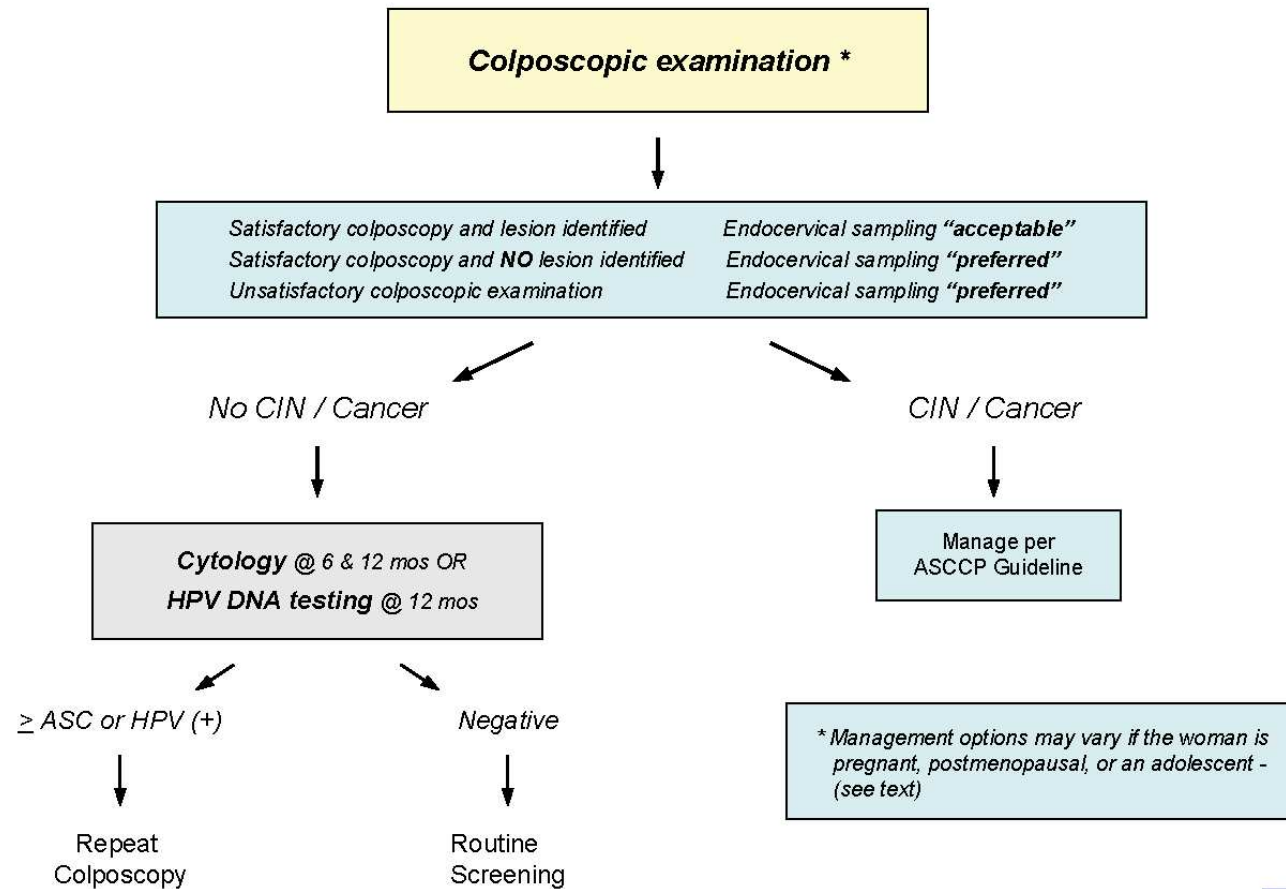
Management of Women with Atypical Squamous Cells: Cannot Exclude High-grade SIL (ASC - H)



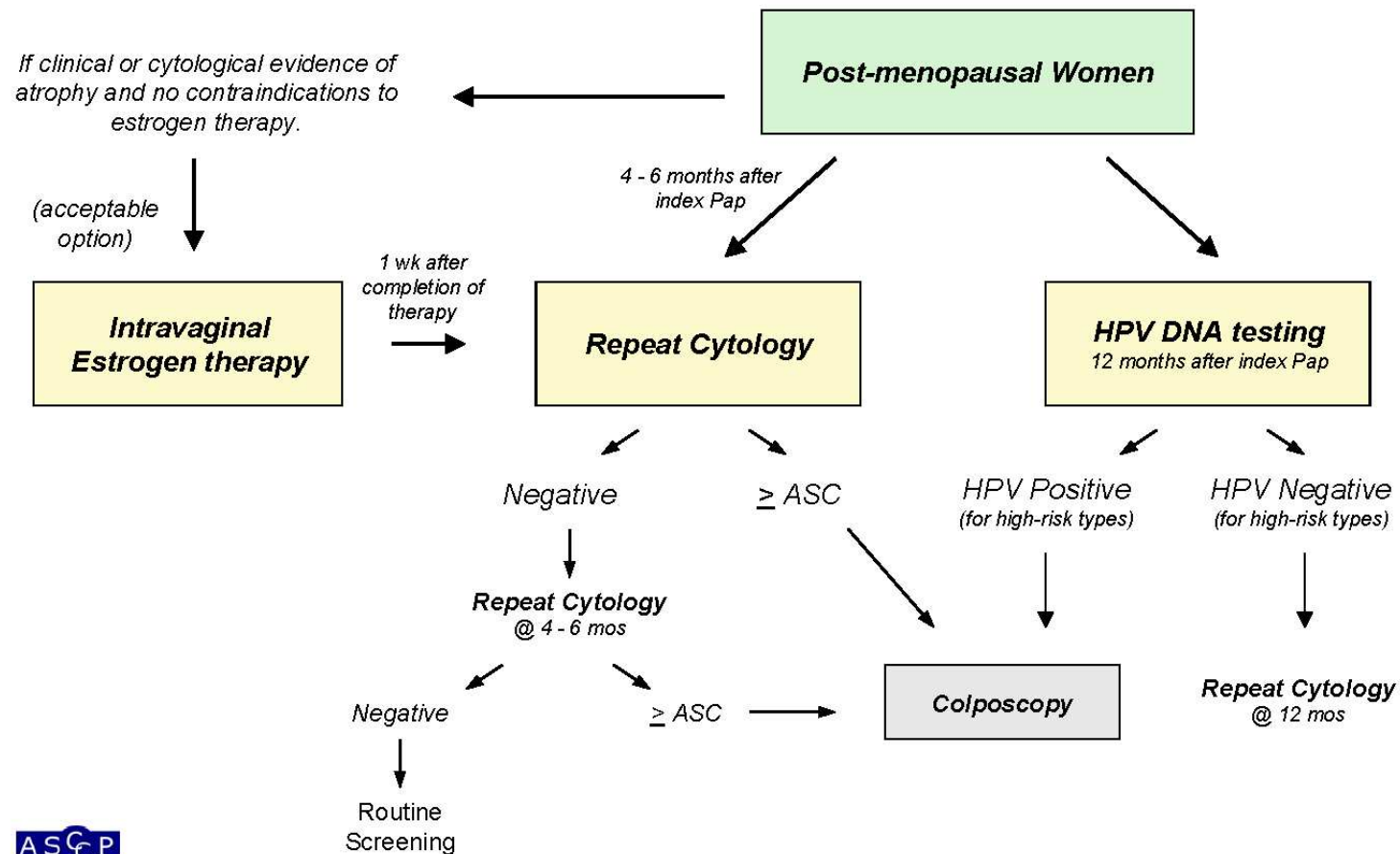
Management of Women with Atypical Glandular Cells (AGC)



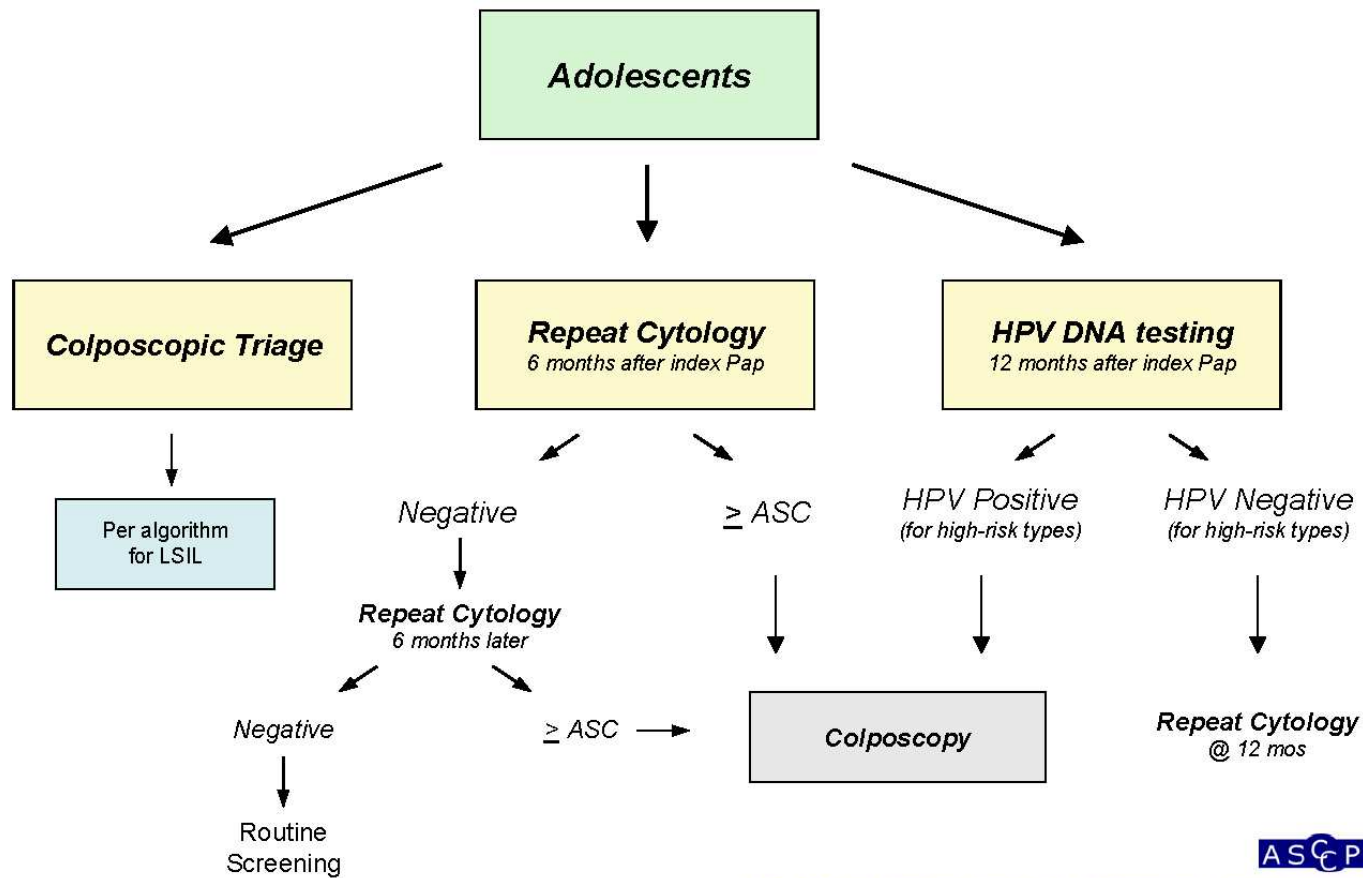
Management of Women with Low-grade Squamous Intraepithelial Lesions (LSIL) *



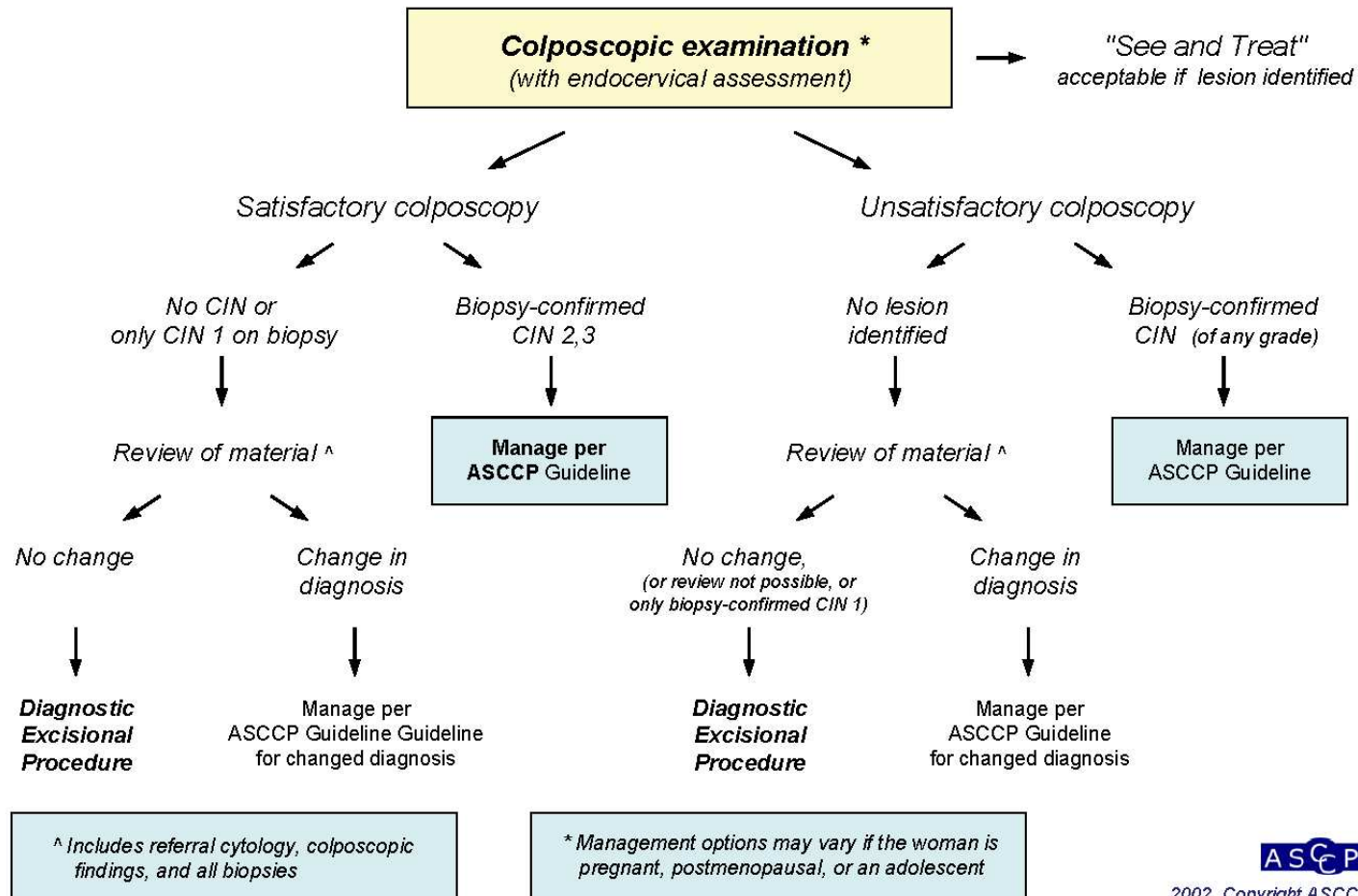
Management of Women with Low-grade Squamous Intraepithelial Lesions In Special Circumstances



Management of Women with Low-grade Squamous Intraepithelial Lesions In Special Circumstances



Management of Women with High-grade Squamous Intraepithelial Lesions (HSIL) *



**APPENDIX B: BCCPTA MEDICAID
APPLICATION/REDETERMINATION FORM**

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES

**Breast and Cervical Cancer Prevention and Treatment Act (BCCPTA)
Medicaid Application/Redetermination**

AGENCY USE ONLY

DATE RECEIVED:

CASE NAME/NUMBER:

LOCALITY:

WORKER

Please complete all sections. If you need assistance, please contact an eligibility worker at your local Department of Social Services.

1. IDENTIFYING INFORMATION

LAST NAME: FIRST NAME: MI: SOCIAL SECURITY NUMBER:

ADDRESS: CITY: STATE: ZIP: STATE OF RESIDENCE:

MAILING ADDRESS (If different): CITY: STATE: ZIP: HOME PHONE #: DAYTIME PHONE #:

2. ADDITIONAL INFORMATION

RACE: ☐ WHITE ☐ AMERICAN INDIAN/ALASKA NATIVE ☐ BLACK ☐ ASIAN/PACIFIC ISLANDER ☐ HISPANIC ☐ OTHER

MARITAL STATUS: ☐ NEVER MARRIED ☐ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED

DATE OF BIRTH: PLACE OF BIRTH:

U. S. CITIZEN? YES ☐ NO ☐ IF NO, ALIEN NUMBER:

DO YOU RECEIVE SSI? YES ☐ NO ☐ ARE YOU PREGNANT? YES ☐ NO ☐ DO YOU HAVE A CHILD(REN) UNDER AGE 19 LIVING WITH YOU? YES ☐ NO ☐

DO YOU HAVE HEALTH INSURANCE? YES ☐ NO ☐ IF YES, COMPANY NAME:

POLICY #: EFFECTIVE DATE: TYPE OF COVERAGE:

DID YOU RECEIVE MEDICAL CARE IN ANY OF THE THREE MONTHS BEFORE THIS APPLICATION? YES ☐ NO ☐ IF YES, LIST MONTHS:

3. BCCPTA CERTIFICATION

I CERTIFY THAT THE ABOVE NAMED INDIVIDUAL IS A VIRGINIA BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM (BCCEDP) PARTICIPANT (TITLE XV) AND IS ELIGIBLE FOR MEDICAID UNDER THE BREAST AND CERVICAL CANCER PREVENTION AND TREATMENT ACT OF 2000.

SCREENING DATE: DIAGNOSIS DATE: FACILITY/SERVICE SITE: PHONE #:

SIGNATURE OF BCCEDP CASE MANAGER : DATE:

032-03-384/1

YOUR RIGHTS AND RESPONSIBILITIES

By signing below, I agree to the following:

I have the right to:

- ◆ Be treated fairly and equally regardless of my race, color, religion, national origin, gender, political beliefs or disability consistent with state and federal law and to file a complaint if I feel I have been discriminated against.
- ◆ Have my eligibility for Medicaid benefits determined within 10 working days of receipt of my application at my local department of social services.
- ◆ Appeal and have a fair hearing if I am: (1) not notified in writing of the decision regarding my application; (2) denied benefits from the Medicaid program; or (3) dissatisfied with any other decision that affects my receipt of Medicaid benefits.

I have the responsibility to:

- ◆ Not purposely withhold information, or give false information and understand if I do so my Medicaid coverage may be denied or ended.
- ◆ Report any changes in information provided on this form within 10 days to my local department of social services.
- ◆ Cooperate with a review of my Medicaid eligibility by Quality Control and understand that refusing to cooperate will make me ineligible for Medicaid until I cooperate with a review.

I further understand and agree that:

- ◆ This application is used only to apply for Medicaid under the Breast and Cervical Cancer Prevention and Treatment Act coverage group and that in order to apply under other coverage groups I must complete another application.
- ◆ The Department of Medical Assistance Services and the Department of Social Services are authorized to obtain any verification necessary to establish my eligibility for Medicaid.
- ◆ The Department of Medical Assistance Services has the right to receive payments for services and supplies from insurance companies and other liable sources as reimbursement for medical services received by me.
- ◆ Each provider of medical services may release any medical records pertaining to any services received by me.
- ◆ I am assigning my rights to medical support and other third party payments to the Department of Medical Assistance Services in order to receive benefits from the Medicaid program.

I declare that all information I have given on this application is true and correct to the best of my knowledge and belief. I understand that if I give false information, withhold information or fail to report a change promptly or on purpose I may be breaking the law and could be prosecuted for perjury, larceny and/or fraud. I understand that my signature on this application signifies, under penalty of perjury, that I am a U.S. citizen or alien in lawful immigration status.

Signature or Mark

Date

Witness/Authorized Representative

Date

VOTER REGISTRATION

Check one of the following:

- ☐ () I am not registered to vote where I currently live now, and I would like to register to vote here today. I certify that a voter registration form was given to me to complete. (If you would like help in filling out the voter registration, we will help you. The decision to have us help you is yours. You also have the right to complete your form in private.)
- ☐ () I am registered to vote at my current address. (If already registered at your current address, you are not eligible to register to vote.)
- ☐ () I do not want to apply to register to vote.
- ☐ () I do want to apply to register to vote, please send me a voter registration form.

Applying to register or declining to register to vote will not affect the assistance or services that you will be provided by this agency. A decision not to apply to register to vote will remain confidential. A decision to apply to register to vote and the office where your application was submitted will also remain confidential and may only be used for voter registration purposes. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register to vote, or your right in applying to register to vote, you may file a complaint with: Secretary of Virginia State Board of Elections, Ninth Street Office Building, 200 North Ninth Street, Richmond, VA 23219-3497. The phone number is (804) 786-6551.

APPENDIX C: MEDICAID BCCPTA POLICY (M0320.312)

M0320.312 BREAST AND CERVICAL CANCER PREVENTION AND
TREATMENT ACT (BCCPTA)

A. Policy

The Breast and Cervical Cancer Prevention and Treatment Act (BCCPTA) of 2000 (P.L. 106-354) provides for payment of medical services for certain women with breast and cervical cancer. Virginia has chosen to cover this group beginning July 1, 2001.

Women eligible in this group have been screened by a medical provider operating under the Center for Disease Control and Prevention's (CDC) Breast and Cervical Cancer Early Detection Program and have been certified as needing treatment for breast or cervical cancer, including pre-cancerous conditions. These women must be under age 65 and must not have creditable health insurance coverage for treatment of breast or cervical cancer.

**B. Nonfinancial
Eligibility**

**1. Required
Nonfinancial
Requirements**

BCCPTA women must meet the following Medicaid nonfinancial requirements in chapter M02:

- citizenship/alien status;
- Virginia residency;
 - social security number provision/application requirements;
 - assignment of rights to medical benefits requirements;
 - application for other benefits; and
 - institutional status.

In addition, BCCPTA women must not be eligible for Medicaid under the following mandatory categorically needy covered groups:

- LIFC;
- MI Pregnant Women;
- SSI recipients.

**2. Creditable Health
Insurance
Coverage**

BCCPTA women must not have creditable health insurance coverage for the treatment of breast or cervical cancer. Creditable health insurance coverage includes:

- a group health plan;
- health insurance coverage under any hospital or medical service policy or certificate, hospital or medical service plan contract or health maintenance organization contract offered by a health insurance issuer;
- Medicare;
- Medicaid;
- armed forces insurance;
- a medical care program of the Indian Health Service (IHS) or of a tribal organization;
- a state health risk pool.

There may be situations where a woman has creditable health insurance coverage as defined above, but the coverage does not include treatment of breast or cervical cancer due to a period of exclusion or exhaustion of lifetime benefits.

**C. Financial
Eligibility**

There are no Medicaid financial requirements for the BCCPTA covered group. The CDC Breast and Cervical Cancer Early Detection Program has income and resource requirements that are used to screen women for this program.

D. Application Procedures

The application procedures for women who meet the BCCPTA non-financial requirements have been streamlined to facilitate the prompt enrollment and immediate access to services for women who are in need of treatment for breast or cervical cancer. In addition to the nonfinancial information required to evaluate eligibility in the BCCPTA covered group, the following information is needed for enrollment in Medicaid:

- name,
- address,
- sex and race,
- date of birth,
- country of origin and entry date, if an alien.

Women who meet the description of individuals in the LIFC, MI pregnant women or SSI recipients covered groups must complete the appropriate Medicaid application for the covered group and must have a Medicaid eligibility determination complete prior to determining their eligibility in the BCCPTA covered group. If not eligible in the LIFC, MI pregnant women or SSI recipients covered groups, then determine their eligibility in the BCCPTA covered group.

1. Application Form

The BCCPTA Medicaid Application/*Redetermination*, form #032-03-384, was developed for this covered group only. The application includes the *Breast and Cervical Cancer Early Detection Program* certification of the woman's need for treatment and the information needed to determine the nonfinancial eligibility in the BCCPTA covered group. Appendix 1 to this subchapter contains a copy of the BCCPTA Medicaid Application/ *Redetermination*.

If eligibility in another Medicaid covered group must first be determined, the applicant must be given the appropriate Medicaid application.

**2. Application
Processing Time
Frames**

BCCPTA Medicaid applications filed by women who do not meet the description of an individual in the LIFC, MI pregnant women or the SSI recipients covered groups must be processed within 10 working days of the agency's receipt of the signed application.

BCCPTA Medicaid applications filed by women who meet the description of an individual in the LIFC, MI pregnant women or the SSI recipients covered groups must be processed as soon as possible, but no later than 45 days of the agency's receipt of the signed application.

3. Notices

If the BCCPTA Medicaid application is the only application required and no additional information is required, the eligibility decision must be made immediately and applicant must be notified of the decision within 10 working days of the agency's receipt of the application.

If a decision cannot be made within 10 working days of receipt of the BCCPTA application, the worker must send a "Notice of Action on Medicaid", form #032-03-008, on the 10th day stating why action has not been taken, specifying what information is needed and a deadline for submitting the information.

E. Entitlement**1. Entitlement Begin Date**

Medicaid eligibility in the BCCPTA covered group can begin no earlier than July 1, 2001. *Eligibility under this covered group is met the beginning of the month the screening is completed if the woman later has a positive diagnosis as a result of the screening and is determined to be in need of treatment for her breast and/or cervical cancer.*

Eligible BCCPTA women are entitled to full Medicaid coverage beginning the first day of the individual's application month if all eligibility requirements are met in that month, but no earlier than July 1, 2001.

2. Retroactive Entitlement

Retroactive coverage is applicable to this covered group if the individual was screened by a medical provider operating under the CDC *Breast and Cervical Cancer Early Detection Program* and diagnosed as needing treatment for breast or cervical cancer in the retroactive month(s). However, coverage can begin no earlier than July 1, 2001.

F. Enrollment

The PD for BCCPTA women is "66".

G. Redetermination

Annual redetermination requirements are applicable to the BCCPTA covered group. Section 3 on the BCCPTA Application/Redetermination, form is not applicable at redetermination. At the time of the annual redetermination, the recipient must provide a statement from her medical provider verifying continued treatment for breast or cervical cancer.

APPENDIX D: PUBLIC EDUCATION & OUTREACH WORK PLAN

**Breast & Cervical Cancer Early Detection Program
Request for Proposal**

Appendix #1 – Public Education & Outreach Plan

Instructions: Please describe in the table below how you will achieve the following objectives during FY 2004. Complete each column of the table with the exception of the Progress Report column. This column will be completed by the Administrative Provider Site with the submission of the Administrative Provider Site Annual Report.

GOAL : Screen 100% of Screening Allocation

| Objectives | Strategies | Timeline | Person(s) Responsible | Progress Report |
|---|------------|----------|-----------------------|---|
| 1. Identify and screen eligible women who have never or rarely been screened for cervical cancer. | | | | (To be completed with the submission of the Administrative Provider Site Annual Report) |
| 2. Identify and screen minority women who are eligible for BCCEDP services. | | | | |

| | | | | |
|--|--|--|--|--|
| 3. Identify and screen physically and/or mentally disabled women who are eligible for BCCEDP services. | | | | |
| 4. Identify and re-screen women who have previously been enrolled and screened in the BCCEDP. | | | | |
| 5. Facilitate local coalition building activities in order to increase the number of eligible women who are screened through the BCCEDP. | | | | |

| | | | | |
|---|--|--|--|--|
| <p>6. Increase the capacity to screen women by collaborating with present and/or potential screening partners.</p> | | | | |
|---|--|--|--|--|